

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26619**  
Registrar's No. **3358**

FILED SEP 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community 8 years  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Katherine Stafford  
3. (b) If veteran, name war no.  
3. (c) Social Security No. None

4. Sex female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, divorced  
6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased: November 17 18 67  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
80 8 28 hr. min.

**9. Birthplace:** Kansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** at home

**11. Industry or business:** X

**12. Name:** Hollis Tricker

**13. Birthplace:** Ohio  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Sarah McKeever

**15. Birthplace:** Pennsylvania  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. George Moore

**(b) Address:** 235 Ward Parkway, Kansas City, Mo.

**17. (a) burial** (b) Date thereof: 8-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

**18. (a) Signature of funeral director:** Stine & McClure

**(b) Address:** 3235 Gillham Plaza, K. C., Mo.

**19. (a) 8-17-48** (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. The George H. Nettleton Home  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 15  
year 1948 hour one one minute 25 P.M.

**21. I hereby certify that I attended the deceased from** last 2 yrs.  
**that I last saw** her **alive on** August 10 **and that death occurred on the date and hour stated above.** August 15

**Immediate cause of death:**  
Carcinoma of sigmoid  
Intestinal obstruction  
Perforated cecum  
Generalized Peritonitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**Duration**  
2 years  
8 days  
5 days  
3 days

**Other conditions:** 462  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy given above

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

**23. Signature** John L Lapp (M. D. seal)  
**Address** 1314 Professional Bldg Date signed Aug 16 48

W 9335

Prof. Riddg.

Dr. Jehn G. Lapp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Robert H Reed  
Licensed Embalmer No. 3745  
P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.