

3-300
10-47
17-39
3905

FILED DEC 4 1948
Registration District No. 147

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:
3338 KARNES BLVD. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) LIFETIME

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. 3338 KARNES BLVD.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MRS. HELEN STARK

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 18th
year 1948 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2/19/47
at various times, 1947 to Nov 18, 1948,
that I last saw her alive on Nov 12-48, 1948;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color of race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HUSBAND MR. STARK

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JANUARY 13 1986
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Coronary occlusion</u>	<u>1 hr</u>
Due to <u>Hypertention</u>	<u>2 years</u>
Due to <u>Chronic myocarditis</u>	<u>2 years</u>
Other conditions (Include pregnancy within 3 months of death)	

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name SEYMOUR STEPHENS

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name HETTIE ENGLEMAN

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. P. M. STARK

(b) Address 3338 KARNES BLVD

17. (a) BURIAL (b) Date thereof Nov. 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH

18. (a) Signature of funeral director D. W. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-19-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

930

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?

(Specify type of place)

While at work? _____ (e) Means of injury Owen Krueger

23. Signature Owen Krueger MD (M. D. or other)
Address 304 E 12 Date signed 11/19/48

DEC 14 1948

copy of body

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 *Jess T. Dews*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

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.