

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5145****350**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON MO.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>45 YEARS</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3518 GENESSEE STREET</u>				d. STREET ADDRESS (If rural, give location) <u>3518 GENESSEE STREET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELIA</u>			b. (Middle) <u>STOWELL</u>		c. (Last) _____				
4. DATE OF DEATH <u>JAN. - 22 - 1949</u>			5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		
8. DATE OF BIRTH <u>MARCH 26, 1863</u>			9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>WHEELING, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SAMUEL DERRICK</u>			13b. MOTHER'S MAIDEN NAME <u>EMILY</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER E. STOWELL</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>INA S. KNAUS</u> ADDRESS <u>3518 GENESSEE STREET KANSAS CITY, MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>502.1</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 YRS?</u> <u>10 YRS?</u> <u>20 YRS.</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>1-20</u> , 19 <u>49</u> , to <u>1-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>49</u> , and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.A.</u>				23b. ADDRESS <u>1578 Professional Bldg</u>		23c. DATE SIGNED <u>1-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-24-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1401 BRUSH CREEK BLVD KANSAS CITY, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

12-5-38

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

A. J. Noflinger

Signed _____

Student Embalmer

Licensed Embalmer No.

3938

P. O. Address

Kansas City 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.