

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22818

State File No.

19007
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4105 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Rural location</u>		c. CITY OR TOWN <u>Harrisonville</u>	
c. LENGTH OF STAY (in this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cass County Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cass County Home</u>		e. STREET (If rural, give location) <u>West Mechanic</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Stenker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31-49</u>	
5. SEX <u>M.O.W</u>	6. COLOR OR RACE _____	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 30 1877</u>
9. AGE (In years last birthday) <u>72</u> (Months) <u>4</u> (Days) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, avoid if retired) <u>General Labor</u>	
10a. FATHER'S NAME <u>Ira Stenker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R</u>	
11. BIRTHPLACE (State or foreign country) <u>Cedar Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. MOTHER'S MAIDEN NAME <u>Martina Kinney</u>		14. NAME OF HUSBAND OR WIFE <u>Wannielouise Kagon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Stenker</u>		ADDRESS <u>5041 K.C. 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>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
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) (Minute) _____		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>July 29, 1949</u> , to <u>July 31, 1949</u> , that I last saw the deceased alive on <u>July 31, 1949</u> , and that death occurred at <u>11:10 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J.S. Triplett M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>8-1-49</u>		24a. BURIAL CREMATION (Specify) <u>Burial</u>	
24b. DATE <u>Aug 2 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>		DATE REC'D BY LOCAL REG. <u>Aug 2, 1949</u>	
REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	
ADDRESS _____		ADDRESS <u>Harrisonville</u>	

AUG 1 07 1949

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.

Student _____
Student Embalmer

Signed *loyd A. Hansen*

Licensed Embalmer No. *3920*

P. O. Address *Harrisowille*

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.

WMO