

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2632

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2632

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | d. STREET ADDRESS (If rural, give location) 3024 Harrison | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | b. (Middle) B. | c. (Last) Stafford | 4. DATE OF DEATH (Month) (Day) (Year) 6 11 50 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 30 1889 | 9. AGE (In years last birthday) 61 YEARS | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 12 YRS ENGINEER | 10b. KIND OF BUSINESS OR INDUSTRY A-T, SANTIAGO | 11. BIRTHPLACE (State or foreign country) MINGO JUNCTION OHIO | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME JAMES T. STAFFORD | 13b. MOTHER'S MAIDEN NAME STELLA MAUDE BATES | 14. NAME OF HUSBAND OR WIFE MRS. KATHERINE STAFFORD |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 497-14-0002 | 17. INFORMANT'S SIGNATURE OR NAME MRS. KATHERINE STAFFORD | ADDRESS 5609 N. ARIZON KANSAS CITY, MO. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung primary | | INTERVAL BETWEEN ONSET AND DEATH 162X |
| | ANTECEDENT CAUSES Morbidity 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. Bronchopneumonia | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Jan. 7, 1950, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 1:25A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) B.I. Burns | 23b. ADDRESS 21th & Cherry | 23c. DATE SIGNED 6-12-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JUNE 13 1950 | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL ABBEY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 6-13-50 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer | ADDRESS 331. BRUSH CREEK KANSAS CITY, MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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

H. Brown

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Edward M. Stoney*

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address: *K.C. 4 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.