| STATE OF KANSAS  | STANDARD  | De not write                     |
|--|---|----------------------------------|
| ·  | ERTIFICATE OF DEATH   | THE BOY MILLS                    |
| 1. PLACE OF DEATH: County Dage   |   | 70-4722                          |
| Township Burlingame R  | egistered No. 287   | in this space                    |
| City Burlingan No 10 6   | Jaklea  surred in a hoppital or institution, give its NA  | St.,Ward                         |
| 2. FULL NAME Andreas Maria   |   |                                  |
| (a) Residence. No. 100 S. Jopek  | St., War  | d                                |
| Length of residence in city or town where death occurred. Arsr  Was deceased ever a member of the Army, Navy, or Marine Corps of   | to de la constant de la constan | gn birth? yrs mes da             |
| 1 74 A 1   | end Period of service day   | Lan Cavalry                      |
| PERSONAL AND STATISTICAL PARTICULARS   |   |                                  |
|  | MEDICAL CERTIFICA   |                                  |
| 4. COLOR OB BACE 51/Single, Married, Widowed, or Divorced (write the word  | DEATH (Month, day a   |                                  |
| 5a. If married, widewed, or diverced   | 22. I HEREBY CERTIFY, That I  | Standed deceased from            |
| (OF) WIFE of Jenny Salelle Stah  | I last saw hamalive on ma   | 4 7 1937 death is                |
| - fring state state  | II TO DAVE occurred on the date stated at   | = <i>H</i> //                    |
| 6. DATE OF BIRTH (month, day, and 1667) 23-/84/ 7. AGE Years Months Spays If LESS than   | The principal cause of death and relation of onset were as follows:   | causes of importance in order    |
| 9.5 9 109 1 dayhrs.  |   | Oato of onset                    |
| 8. Trade profession or particular  | Circlinal Hems  |                                  |
| kind of work done, as splaner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as slik mill, saw mill, bank, etc.  10. Date deceased last worked at this cocupation (month and | Tulaker 12 - to   | death                            |
| 9. Industry or business in which work was done, as silk mill,  | march 4- Fr   | 73.7                             |
| saw mill, bank, etc  | Contributory causes of importance now   | material to principal            |
| this occupation (month and spent in this occupation.   |   |                                  |
| 12. BIRTHPLACE (city or town)  |   | 9                                |
| (State or country)   |   |                                  |
| 18. NAME Muhlal Stahl 14. BIRTHPLACE (city or town)  |   | Date of Was there an autopsy!    |
| 14. BIBTHPLACE (city or town)   (State or country)   | 28. If death was due to external cause lowing:  | (violence) fill in also the fol- |
| (State of Country)   | Accident, suicide, or homicide?   | Date of injury 19                |
| 15. MAIDEN NAME Sussay Moore 16. BIETHPLACE (city or town)   | Where did interv compe  |                                  |
| State or country)  | Specify whether injury occurred in the place.   | ministry, in home, or in public  |
| 17. NEOBHANT, Loyd P Stahl   |   | <u> </u>                         |
| (Address) Burlingans, Kan.   | Manner of injury  |                                  |
| 18. BURIAL CREMATION, OR MEMOVAL Place Julium Kabate march 7. 1937   | Nature of injury 24. Was disease or injury in any way   | <u> </u>                         |
| 19. UNDERTAKER Sel Princial Transc<br>(Address) Selection and Transc   | ceased?   | remains to occupation of de-     |
| - Carrier Carrier  | (Signed) D. Zu L  | tabl                             |
| 20. FILED 3 6 103 70 Yustone Jales.  Rogistrar.  | (Address) £ 2   | Diano The                        |
|  | Jak   | ek s.                            |
|  |   |                                  |

CERTIFIED COPY OF DEATH CERTIFICATE No.

[BEAL]

TOPEKA, KANSAS, 3 1937

I hereby certify that the above is a true and correct copy of the original certificate on file in the office of the State Board of Health.

16-5322-s 10-36-2000

| VETERANS ADMINISTRATION FOR BURIAL FLAG  APPLICATION FOR BURIAL FLAG  PORT 2008—Rev. July 1986  APPLICATION FOR BURIAL FLAG   |
|---|
| This Form must be used when application is made for a regulation burial flag whether the veteran dies in a Veterans Administration Facility, Contract Hospital, or elsewhere.   |
| The undersigned hereby makes application for a regulation burial flag to drape the casket of  |
| is not available) whose rank and organization in the active service was Sergent 2 Cavalry  Veterans Administration Facility  (""No. (or if "C" number and available of the active service was Sergent 2 Cavalry  (or if "C" number and available of the available of |
| Veterans Administration Facility  |
| who died at Contract Hospital   |
| on Much 4 1932, and who will be Shipped to Street (City)  |
| (City and State)  The deceased was an honorably discharged veteran of the IVI Ward Month war.  (See par. 1 of instructions.) I am the Aanghar war land PRO 3 1937   |
| lagree, if flag is issued, to comply strictly with paragraph 2 of instruction   |
| has not been previously applied for or furnished for the above-deceased veteran; that I have carefully read paragraphs 1 to 3 of the instructions, and that this application is not submitted in violation of section 35 of the Criminal Code, which provides a fine of not more than ten thousand dollars, or imprisonment for not more than ten years, or both, for presenting any claim against the Government of the United States, knowing said claim to be false and with intent to defraud.  |
| (Signature) AMO. Ce. Up. Of Child (Address) 1747   tayboom Special to.  |
| Approved Disapproved 3- 4-37  |
| Flag issued Not issued Man 5 197 (Signature of Agricultural Constants) (Address)  Dropped on Voucher No. 2723 (Date) (Signature of Postmaster or Supply Officer) (Address)  |
| RECEIPT OF FLAG ACKNOWLEDGED: Signature W.W. G. W. Sall Word Jl, 1937   |
|   |

VETERANS ADMINISTRATION Adjudication Form 521 Rev. Sept. 1935

## STOP PAYMENT NOTICE

| File No. XC-8,578,651 |
|-----------------------|
| CIVIL WAR             |
| MBAB-1                |

|        |                                       |   | •                       | Date                | May 18, 193           | 7           |
|--------|---------------------------------------|---|-------------------------|---------------------|-----------------------|-------------|
| Гвом:  | Widow Subdivisi                       | on, Dependents Cla:                                   | ims Service             | lity preparing form | ·                     | **********  |
| To:    | Deceased Benefi                       | Siaries Accounts (inance Service of Central Office or | Subdivision, B          | loom 629            |                       |             |
| Subjec | r: Stop payment on (Designate kind of | Disability pane                                       | or Automatic Insurance, | Pension, Compens    | ation, or Adjusted Co | mpensation) |
| 1.     | Full name of payee                    | Francis M. Stel                                       | ·1                      | ·                   |                       | 3           |
| 2.     | Effective date of action              |   |                         | ~~17                | ( ) ( - G2 , ) ( )    |             |
| 3.     | Reason for action                     | Veteran died 3/                                       | 4/37                    | ·                   | N 10 1937             |             |
| 4.     | Name of veteran                       | Francis M. Steb                                       | 1                       | W.                  | My 10 100             |             |
| Submit |                                       | cure and title)                                       | Approved by             | b Munin             | MAAA C                |             |

U.S. GOVERNMENT PRINTING OFFICE 15-648