

REC'D JUL 12 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

21156

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson  
 (b) Township Kaw  
 (c) City Kansas City  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 399  
 Primary Registration District No. 1002

Registered No. 2506

(d) Street No. 814 E 50th (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 14 E 50th - St.  (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

Ora Martha Stephens 315

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioFATHER 13. NAME Jacob B. Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.MOTHER 15. MAIDEN NAME Miller Unk.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington17. INFORMANT (ADDRESS) Mrs. R. E. Bernauer  
14 E 50th, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kansas DATE June 28-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. O'Donnell Co  
3256 Grand, K.C. Mo.20. FILED 6-28 1938 M. L. Messer  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 193822. I HEREBY CERTIFY, that I attended deceased from 6-19, 1938 to 6-26, 1938I last saw her alive on 6-26, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Strains, Intestinal Myofibers  
Cerebral Hemorrhage

Date of onset 12/1

Other contributory causes of importance:

Acute Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Examination where an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signature) Starke M. Matson M. D.(Address) 710 Prof. Bldg. K.C. Mo.

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, .....

*O. B. Wamsley*

, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*O. B. Wamsley*

Licensed Embalmer No.

*3425*

P. O. Address

*3256 Broadway  
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, above space should be left blank.