

REC'D OCT 15 1938

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

31251
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Vineyard Park Registered No. 3548
Hospital
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Anna Stephens
(a) Residence, No. Hillsdale, Kansas St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 11

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. Housewife
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) Kansas

FATHER 13. NAME George Chamberlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sarah Hay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Joseph Stephens (Husband)
(ADDRESS) Hillsdale Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsdale, Kansas DATE September 13 38

19. FUNERAL DIRECTOR (NAME) Wilson Funeral Home
(ADDRESS) Paola, Kansas

20. FILED Sept 9 1938 M. M. Brown
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1938, to 9-5, 1938
I last saw her alive on 9-8, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Sarcoma of uterus & Right Ovary (Malignant.)
Primary - Probably in Ovary
Date of onset 1-1-37
Other contributory causes of importance: Gallstones 2-1-1936

Name of operation Laparotomy Date of 9-9-38
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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 _____
(Signed) J. G. Sheldon, M. D.
(Address) 922 Walnut
K.C. Mo.

L 2438

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.