

DEC'D MAR 9 1939

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

5562

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 761  
(c) City K. C. Mo. (d) Street No. Ormond Hotel St.  
(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)

## 2. PRINT FULL NAME

Mrs. Margaret P. Stevens  
(a) Residence, No. Ormond Hotel St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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 A. J. Stevens  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1872  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 3 19

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

12. BIRTHPLACE (CITY OR TOWN) Cleveland, Ohio  
(STATE OR COUNTRY)

FATHER 13. NAME No Record  
14. BIRTHPLACE (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No Record  
16. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) A. J. Stevens  
Ormond Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland, O. DATE Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.

20. FILED 2/21, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to February 20, 1939

I last saw her alive on February 20, 1939 Death is said to have occurred on the date stated above, at 2:00 m. am

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

Chronic Myocarditis

Other contributory causes of importance: 93C

Name of operation Chloral Date of no  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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 With my occupation  
(Signed) W. H. Brown M. D.  
(Address) 818 Professional Bldg.

Dr. Victor Bergman

Prof. Bg.,

HA0986

*Handover to S.P.M.*

*818*

**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.**