

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4641

JAN 13 1939

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Josephs Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Mos.
Life (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME LORENE STEPHENSON 315

8. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ray W. Stephenson 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased Jan. 23, 1898
 (Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Kingston, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Henricks

18. Birthplace Caldwell Co., Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Cora Orr

15. Birthplace Caldwell Co., Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray W Stephenson

(b) Address 1528 Poplar

17. (a) burial (b) Date thereof 12-7-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston, Mo.

18. (a) Signature of funeral director Quirk & Robins Co

(b) Address R. C. Mo

19. (a) Dec. 6, 1939 (b) M. M. Grom
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1528 Poplar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
 year 1939 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from 9-1/139
 _____, 19____, to 12/5/39
 _____, 19____

that I last saw h. w alive on 12/5/39, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess Duration 6 mos.

Due to Post-operative Caesarian Section 6 mos.

Due to Post-operative drainage of lung abscess - 3 wks.

Other conditions Cesarian 6/6/39, 1/1/39
 (include pregnancy within 3 months of death)

Major findings: Multiple lung abscess PHYSICIAN _____
 Of operation Left Lung - not tubercular Underline abscess to which death should be charged statistically.
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

Write as follows: (Specify type of place) (e) Means of injury _____

23. Signature W. J. ... (M. D. or other) _____

Address 800 ... Date signed 12/6/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr W. W. Buckingham
Prof B.S.S.

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 Maurice M. Burk

Licensed Embalmer No. 2226

P. O. Address H. C. 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.