

FILED APR 12 1940  
399

1047

Registration District No.

Primary Registration District No. 1002

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:  
4535 Gillham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ----- (Specify whether  
In this community 17 Years  
years, months or days)

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. 4535 Gillham Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ----- years.

8. (a) PRINT FULL NAME Mrs. June Rose Stivers 316

3. (b) If veteran, name war None 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 Mr. Benjamin Franklin Stivers 6. (c) Age of husband or wife if 71 years

7. Birth date of deceased June 20, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 15 hr. min.

9. Birthplace Sumner Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Isaac Schaefer

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Katheryn Shaw

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. Stivers

(b) Address 4535 Gillham Road

17. (a) Burial (b) Date thereof March 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newnam Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 6, 1940 M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from -----, 1926, to 3-5, 1940.

that I last saw her alive on 3-5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension 9/40 14 yrs.

Due to General Arteriosclerosis 14 yrs.

Other conditions Acute cold 2 days.

(Include pregnancy within 3 months of death)

Duration

3 hours

14 yrs.

14 yrs.

2 days.

PHYSICIAN

Major findings:  
Of operations -----

Of autopsy -----

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) -----

(b) Date of occurrence -----

(c) Where did injury occur? -----  
(City or town) (County) (State)

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

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature Franky Lourey (M. D. or other) -----

Address 626 Lathrop Bldg Date signed 3-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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

*Kenneth Page Pipe*

Licensed Embalmer No.

*4128*

P. O. Address

*1309 Birch Creek K.P. 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.**