

JUL 15 1940

Registration District No. 400

Primary Registration District No. 55522

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution:
Jackson County Home for the aged
(d) Length of stay: In hospital or institution 4 yrs 1 mo
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4432 Park Ave
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Orlando Craton Stephenson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 28 1893
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Dr. W. J. McCarty
(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 6/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral home

18. (a) Signature of funeral director Mrs. E. J. Hovater
(b) Address 9119 Belmont Ave, K. C. Mo

19. (a) 6-26-40 (b) David S. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 20
1940 to June 26, 1940
that I last saw him alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pul. Tuberculosis
Due to Chronic

Due to Myocarditis ltr.
Other conditions (include pregnancy within 3 months of death) ✓

Major findings: Of operations 23
Of autopsy _____

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

23. Signature W. J. McCarty (M. D. or other) MD
Address Little Blue June 26-40

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

MOTHER-FATHER

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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 *Wm. C. Browning*

Licensed Embalmer No. 2724

P.O. Address *K. 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.