

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27664

State File No. 5298

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
(Specify whether  
In this community 1 1/2 Years  
years, months or days)

3. (a) PRINT FULL NAME Ellis B. Stevenson, 315

3. (b) If veteran, name war No 3. (c) Social Security No. 702-18-0228

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beadmona Stevenson 6. (c) Age of husband or wife if alive Un50 years

7. Birth date of deceased October 4, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 10 14 hr. min.

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

10. Usual occupation R. R. Clerk

11. Industry or business Missouri Pacific Ry. Co.

MOTHER FATHER { 12. Name Adolph Stevenson

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

14. Maiden name Lydia Reed

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

16. (a) Informant John Stevenson

(b) Address 4001 Gladstone Blvd., K.C., Mo

17. (a) Removal (b) Date thereof 8-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Stine & McClure Und.Co

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) Aug. 20, 1940 (b) M. M. Craue  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri, (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4001 Gladstone Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th,  
year 1940, hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from month  
17, 1940, to Aug 18, 1940.  
that I last saw him alive on Aug 18, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hypertension Cardiac Disease  
Duration 4 yrs

Due to 95 B 2

Due to 1

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy Cardiac hypertrophy - coronary atherosclerosis - degenerative changes in kidney  
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?

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

23. Signature J. E. Carter (M. D. or other)

Address 11002 2nd St. Bldg Date signed 8-19-40

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

JAN 20 1947

Castle and Parker,

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 E. M. Plouffe

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.