

No. 2  
4-13-40  
-17-30  
I X 2117

JAN 10 1941

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH: **BUCHANAN**  
 (a) County **BUCHANAN** **3**  
 (b) City or town **ST. JOSEPH**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 yr. 23 days**  
 In this community **1 yr. 23 days**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2417 Highland**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Bertha Stevenson**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Wg.**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Fred Stevenson**  
 6. (c) Age of husband or wife if alive **7** years  
 7. Birth date of deceased **Aug 27 1887**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>3</b>	<b>8</b>	hr. min.

9. Birthplace **Independence Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **Newton Mc Carthy**  
 13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mattie Lear**  
 15. Birthplace **Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Stevenson**  
 (b) Address **2417 Highland K.C. Mo.**  
 17. (a) **Removal** (b) Date thereof **12 9-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**  
 18. (a) Signature of funeral director **Watkins Mrs.**  
 (b) Address **1719 Lydia K.C. Mo.**  
 19. (a) **12/9/40** (b) **H. J. Nestlebach**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec** day **7**  
 year **1940** hour **9** minute **25** A.M.  
 21. I hereby certify that I attended the deceased from **July 10, 1940**  
 \_\_\_\_\_, 19\_\_\_\_, to **Dec 7**, 19\_\_\_\_,  
 that I last saw her alive on **Dec 7**, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**  
 Duration **3 days**

Due to **88**  
 Due to \_\_\_\_\_

Other conditions **General Paralysis of**  
 (Include pregnancy within 3 months of death) **4-23 days**  
**Duane's Ophthalmia**  
 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?  
**85** (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Robert C. Kenne** (M. D. or other) \_\_\_\_\_  
 Address **State Bldg # 251 ST. JOSEPH**  
 Date signed **12-7-40**

**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 Isaac Jerome Marlowe  
Licensed Embalmer No. 3994  
P. O. Address 1120 E. 23rd St

**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, fact should be so stated above.**