

FILED MAR 14 1941 399
Registration District No. _____

Primary Registration District No. 1002

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

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community _____ years, months or days (Specify whether)

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. 1708 Main St.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOHN D. STEPHENS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER { 12. Name Daniel M. Stephens
13. Birthplace Wales (City, town, or county) (State or foreign country)
14. Maiden name Marrism Williams
15. Birthplace Wales (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K. C. General Hosp. #1
17. (a) Burial (b) Date thereof 2 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K. C. Mo.
19. (a) 2/27/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1941 hour 10 minute 50 A.M. M.

21. I hereby certify that I attended the deceased from 2-17-41 19____ to 2-20-41 19____
that I last saw him alive on 2-20-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency
Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____
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 Jenny R. Shorn (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K. C. Mo. Date signed _____

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..... *Blaine E. Weiland*
Licensed Embalmer No..... *4075*
P. O. Address..... *2332 Monitor, Fla*

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.