

FILED MAY 16 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13628
Registrar's No. 1609

Registration District No. 399 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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 1 1/2 years
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. 4002 East 35th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME George Eugene Stevens, Jr.

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

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

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

7. Birth date of deceased March 28 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 0 24 hr. min.

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

10. Usual occupation X

11. Industry or business X

12. Name George Eugene Stevens, Sr.

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

14. Maiden name Veda Viola Turner

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

16. (a) Informant George Eugene Stevens, Sr.

(b) Address 4002 E. 35th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C., Mo.

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

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

19. (a) Apr 23 1941 (b) M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd,
year 1941 hour 8 minute 17 A. M.

21. I hereby certify that I attended the deceased from
4-12-1941 to 4-22-1941

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

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 [Signature] (M. D. or other) _____

Address 1624 Prof. Rd. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. H. M. Gilkey

V. 4522

Prof Bldg.

Before 4 P.M.

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.....

Licensed Embalmer No. 1415

P. O. Address R. C. M...

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.