

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2726

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: 4616 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 38 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 4616 Tracy (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 1941
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 17 to July 18, 1941,
that I last saw her alive on July 17, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis
Chronic Myocarditis
Due to _____

Duration
with heart
11

Due to Arterio Sclerosis
Other conditions (include pregnancy within 3 months of death) 925
925

Major findings:
Of operations _____

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 J. E. Ball (M. D. or other) _____
Address 1102 E 47 Date signed 7/19/41

3. (a) PRINT FULL NAME Josephine A. Stephenson

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Febr. 29 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Bates Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Wm. A. Harvey

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

14. Maiden name Nancy Gooch

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

16. (a) Informant James W. Stephenson

(b) Address 4616 Tracy

17. (a) Burial (b) Date thereof 7-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) July 21, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

26399

W21995
fo 3102

OS, Society #1

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..... *Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Pinewood*

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.