. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27296

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2954

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

48
3
8

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 1 Mo. & 9 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 703 West 10th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes name country

3. (a) PRINT FULL NAME HARRY STEVENS

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 Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 12 (Day) 1872 (Year)

8. AGE: Years 69 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name John Stevens
13. Birthplace / Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth King
15. Birthplace / Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Record clerk K.C.Gen.Hospital
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Municipal Cemetery, Leeds
18. (a) Signature of funeral director W.A/Lohmeyer
(b) Address City morticiam
19. (a) 8/4/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-19-41, 19 to 7-28-41, 19 ;
that I last saw him alive on 7-28-41, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malingnancy of stomach—not confirmed	
Due to	
Due to 46B	
Other conditions (Include pregnancy within 3 months of death) 46B	

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

23. Signature Harry R. Thom (M. D. or other) 0
Address Med.Dir.K.C.Gen.Hospital,K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

46649

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.....Wm A Lohmeyer.....

Licensed Embalmer No.....3089.....

P. O. Address.....

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.