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DEC 22 1941 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4396

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution: 4005 Central Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
years, months or days) 70 years,

3. (a) PRINT FULL NAME Lemuel D. Stevenson,

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

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

6. (b) Name of husband or wife Margaret Stevenson, 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased December 4th 1844
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

96 11 22 hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired,

11. Industry or business Stockman,

12. Name Andrew Stevenson,

13. Birthplace Kentucky, (State or foreign country) 1

14. Maiden name My Brownfield, (State or foreign country)

15. Birthplace Illinois, (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Margaret Stevenson,

(b) Address 4005 Central, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

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

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

19. (a) 11-27-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 4005 Central, (If rural, give location) 0

(e) If foreign born, how long in U. S. A? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th,
year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 26 1941, to Nov 26 1941,
that I last saw him alive on Nov 26 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 15 hrs

Due to Chronic Nephritis 10415

Due to 121 B

Other conditions See notes

Major findings: Of operations

Of autopsy

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 See notes (M. D. or other) _____

Address 901 Westport St. Date signed Nov 27/41

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

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Dr. Lee Haynes,

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Wardwood Ofel.

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

Felix Remy

Licensed Embalmer No. *H 127*

P. O. Address *K.C. Mo.*

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.