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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40841

State File No. \_\_\_\_\_

JAN 24 1942 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4517  
1882

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)

In this community Quicks  
years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME G. H. Hayden Stevens

3. (b) If veteran, name war No 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 (Lynn) Stevens (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 19, 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Albert Stevens

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

14. Maiden name Marie Madal, Hayden

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

16. (a) Informant Charles L. Kuytt

(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director J. M. Kuytt  
(b) Address Kansas City

19. (a) 12/5/41 (Date received local registrar) (b) M. B. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 019

(c) City or town Garden City  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 22 1941, to Dec 5 1941; that I last saw him alive on Dec 5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary accident

Due to Age-related changes of arteries

Due to hypertension 260/110

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

Major findings: Enlarged prostate

Of operations \_\_\_\_\_

Of autopsy 12/7/41

Duration \_\_\_\_\_

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. M. Kuytt (M. D. or other) \_\_\_\_\_  
Address 912 S. Argyle St Date signed Dec 5, 41

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

18  
3  
9

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Ruth Kuyper*

Licensed Embalmer No. 4001

P. O. Address Garden City, N.Y.

**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.**