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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4698

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8

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

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 Conley Clinical Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether)

In this community 0 8 Days
(years, months or days)

3. (a) PRINT FULL NAME David Lawrence Stevenson

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

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

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

7. Birth date of deceased December 8, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 8 If less than one day 10 hr, 1 min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name James Henry Stevenson

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

14. Maiden name Wilma Wonelle Bennett

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

16. (a) Informant (Mother) Wilma V. Stevenson

(b) Address Parkville, Mo. R.R. #2

17. (a) Removal (b) Date thereof Dec. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville Mo

18. (a) Signature of funeral director Wm C R Foster

(b) Address 918 Broadway

19. (a) Dec. 17, 1941 (b) M. M. Crowe
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Parkville, Mo ⁰
(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 17 year 1941 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from birth 12-8- 1941, to 12-17- 1941; that I last saw him alive on 12-17- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to Aspiration of vomitus

Due to Congenital atresia of the duodenum between the 2nd & 3rd portions.

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

Major findings: Of operations _____

Of autopsy as above 157 AM

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 Luther W. Swift (M. D. or other) _____
Address 2105 Indep Ave. Date signed 12-17-41

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.....

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.