S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1437

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 22

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: 3008 E-132 St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — In this community: 25 years. (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.: 3008 E-32. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

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3. (a) PRINT FULL NAME: Thomas J. Stephenson
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, or divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Aug (Month) 18 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	1	____ hr. ____ min.

9. Birthplace: Ky. (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business: ____
MOTHER FATHER
12. Name: unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Wm A. Johnson
(b) Address: City Mortician
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hill
18. (a) Signature of funeral director: Wm A. Johnson
(b) Address: City Mortician
19. (a) 1/3/42 (Date received by local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2. year 1942 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from Aug 12-15-41 to Jan 2- 1942, and that death occurred on the date and hour stated above.
that I last saw him alive on Jan 2-1942.
Immediate cause of death: General Infirmities Due to Age
Due to: ____
Due to: 468
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 162 b
Of autopsy: none

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: Henry R. Thorn (M.D. or other)
Address: 1 E. 32 St. Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

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. Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address K C Kansas

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.