

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3253

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:
2711 Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
In this community 45 years
years, months or days

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. 2711 Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Catherine Grayson Stephens

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Mr. Urban B. Stephens 6. (c) Age of husband or wife if alive -- years
26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 5 hr. min.

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name Freeman
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 Barbara Childers
(b) Address 4641 Tracy

17. (a) Burial (b) Date thereof 9-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-31-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1942 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 3
1942 to Aug 31 1942
that I last saw him alive on Aug 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease - Arterio Sclerosis

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) _____ (c) Means of injury _____

23. Signature G. C. Remley (M. D. or other) _____
Address 832 Argyle Blvd Date signed 8/31/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr. J. C. Kemley
832 Regent
11-12-15 PM.

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..... *H. C. Newcomer Jr*
Licensed Embalmer No..... *4043*
P. O. Address..... *J. 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.