

FILED FEB 26 1943

Registration District No. _____

Primary Registration District No. 4239

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lees Summit
(c) Name of hospital or institution: 202 West 2nd St
(d) Length of stay: 12 yrs. In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lees Summit
(d) Street No. 202 West 2nd St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Maria Rosa Stevenson

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of face White

6. (a) Single, widowed, married Divorced Married

6. (b) Name of husband or wife Samuel Stevenson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec-4-1877

8. AGE: Years 65 Months 2 Days 2 hr. min.

9. Birthplace Maryville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Starved out
13. Birthplace Lees Summit Mo. (City, town, or county) (State or foreign country)

14. Maiden name Samuel Stevenson
15. Birthplace Lees Summit Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Samuel Stevenson

(b) Address Lees Summit Mo.

17. (a) Burial, cremation, or removal Cremation (b) Date thereof 2-9-1943 (Month) (Day) (Year)

(c) Place: burial or cremation F.M. Schick's Sons

18. (a) Signature of funeral director F.M. Schick

(b) Address Lees Summit Mo.
19. (a) Feb. 9, 1943 (Date received local registrar) (b) F.M. Schick (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1943 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-4-42 to 2-6-43

that I last saw her alive on 2-5-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery with myocardial infarction
Due to arteriosclerosis

Duration 10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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? _____

23. Signature F.M. Schick (M. D. or other) Address Lees Summit Date signed 2/9/43

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

FEB 28 1949

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.....

D. C. Fields

Licensed Embalmer No. *2957*

P. O. Address.....

Leis Summit 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.