V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9309

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1153

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: 3326-E-20 Terr 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3326-E-20th Terrace
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sadie Stephenson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F.C.

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William Stephenson

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

7. Birth date of deceased Oct (Month) 15 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) No Record 9 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elizah Leak
13. Birthplace Jacksonville (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Edwards
15. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Mr. S. B. Freeman

(b) Address 3326-E-20th Terrace

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3. 7. 43. (Month) (Day) (Year)

(c) Place: burial or cremation Atchison Ks

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address K.C. Mo.

19. (a) 3/7/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mch day 7 year 1943 hour 6 minute 9 A M.

21. I hereby certify that I attended the deceased from Feb 7 1943 to Mar 7 1943; that I last saw her alive on Feb 7 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-Pneumonia	2 days
Due to Chronic Myocarditis	
Mitral Ision	
Due to Carcinoma of Cervix	
Other conditions (Include pregnancy within 3 months of death) 48a	

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) no

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W R Forster M D M D (M. D. or other) 0

Address 1229 Lister Date signed 3/7/43

(Licensed Embalmer's Statement on Reverse Side)

Ch. 0948

Ferster

Dr. 2665
1529 Lister

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 Mc

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed G. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City 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.