

FILED MAY 5 1943
149

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1715**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2537 1/2 Prospect**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **9 yrs**..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **2537 Treost Ave**
(If rural, give location)
(e) Citizen of foreign country? **No**..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Frances Ardella Stevens**

3. (b) If veteran, name war **None**
3. (c) Social Security **yes: unable to find #**

4. Sex **Female** 5. Color or race **White**
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 **July 24, 1914**
(Month) (Day) (Year)

8. AGE: Years **28** Months **8** Days **14**
If less than one day **-** hr. min.

9. Birthplace **Lecton, Johnson Co, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business **-**

12. Name **Hershall Stevens**

13. Birthplace **Henry Co, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lana Swind**

15. Birthplace **Cole Camp, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hershall Stevens**

(b) Address **Lecton, Mo**

17. (a) **Removal Burial** (b) Date thereof **4-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lecton, Mo**

18. (a) Signature of funeral director **W. A. Brauninger**

(b) Address **Lecton, Mo**

19. (a) **4-12-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4-8** day year **1943** - hour **9:15 P** minute **-** M.

21. I hereby certify that I attended the deceased from **Resident Coroner** to **Resident Coroner** on **April 11-9-1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema and congestion**

Due to **acute alcoholic gastritis**

Due to **congenital defect of chest**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **775**

Of autopsy **See Above**

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 **Dr. E. O. Walker** (M. D. or other) **M.D.**
Address **23rd M. E. Coy** Date signed **4/9/43**

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

MOTHER FATHER

Li 365 P

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 Guy Ruffin
Licensed Embalmer No. 2756
P. O. Address 15 C Co

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.