S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41305

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4992

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: 720½ EAST 15th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 5 MONTHS

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. 720½ EAST 15th STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. WILLIAM WALKER STEPHENS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-12-1346

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. OLIVE B. STEPHENS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased DECEMBER (Month) 29 (Day) 1867 (Year)

8. AGE: Years 75 Months 10 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace FRANKFORT (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation HOTEL OPERATOR

11. Industry or business HOTEL COMO

FATHER
12. Name JAMES M. STEPHENS
13. Birthplace FRANKFORT (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name LONE KEENON
15. Birthplace FRANKFORT (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant OLIVE M. STEPHENS
(b) Address 720½ EAST 15th STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-26-43 (Date received local registrar) (b) N. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 25th year 1943 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 24 1943 to Nov 24 1943 that I last saw him alive on Nov 24 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of Heart	1 day
Due to: Chronic Myocarditis	Sup
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature Glenn L. Cartwright (M. D. or other)
Address 714 Bryant Bldg. K.C. Mo. Date signed Nov 26 1943

361

(Licensed Embalmer's Statement on Reverse Side)

720 Bryant Bldg.
10-5-30

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. Neuromer Jr

Licensed Embalmer No. 4043

P. O. Address K. 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.