

FILED DEC 22 1943

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5143

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 month's
(Specify whether years, months or days)

In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 4106 Central
(If rural, give location) ⁸

(e) Citizen of foreign country? No. (Yes or No) ⁰
If yes, name country.....

3. (a) PRINT FULL NAME Benjamin Stevenson

3. (b) If veteran, name war No.

3. (c) Social Security No. 510-07-8736

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 22 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>13</u>	hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employee Kansas City

11. Industry or business Stock Yard's

MOTHER FATHER {

12. Name Sylvester Stevenson

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Martha Holmes

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

16. (a) Informant Margaret Stevenson

(b) Address 4106 Central St.

17. (a) Cremation (b) Date thereof 12/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Missouri

19. (a) 12-6-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1943 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from 3 months 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Partial intestinal obstruction

Due to Chronic colostomy

Other conditions B²
(Include pregnancy within 3 months of death)

Major findings: Of operations 122 B²

Of autopsy See above

Duration

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?.....

While at work W. E. Warner (Specify type of place) (c) Means of injury

23. Signature W. E. Warner (M.D. or other) M.D.
Address 23 1/2 McCreel K.C. Mo Date signed 12/5/43

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

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.