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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 10150

Registrar's No. 1070

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: 6508 Oak Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days) In this community: 55 years,

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.: 6508 Oak Street, (If rural, give location)

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

3. (a) PRINT FULL NAME: Miss Laura M. Stearns

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: April (Month) 15 (Day) 1858 (Year)

8. AGE: Years 85 Months 10 Days ~~22~~ 11 If less than one day: hr. min.

9. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation: School Teacher

11. Industry or business: x

FATHER

12. Name: Daniel Stearns

13. Birthplace: New Hampshire (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Nancy J. Emmerson

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

16. (a) Informant: Mrs. A. M. Greenwood,

(b) Address: 6508 Oak St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure.

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-7-44 (Date received local registrar) (b) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1944 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from 6-12, 1942, to 3-6, 1944, that I last saw or alive on March 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 36 hrs.

Due to: Hypertension and arterial sclerosis

Due to:

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

Major findings: Of operations: x

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 1408 Waldheim Bldg. K. C., Mo. Date signed: 3-7-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ketchum
Washington Blvd

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 John H Beasley

Licensed Embalmer No. 7050

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.