

FILED JAN 4 1945
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 5220

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

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:
509 Benton ~~XXXXXXXXXXXX~~
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 509 Benton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RHODA ANN STEPHENS
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21
year 1944 hour 9 minute 30 A.M.

4. Sex Fe. 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Benjamin L.
(c) Age of husband or wife if alive — years
7. Birth date of deceased March 5, 1951
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/10 - 1942 to 12/21 - 1944
that I last saw her alive on 12/20/44 and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia
Duration 2-9-46

8. AGE: Years 93 Months 9 Days 16
If less than one day hr. min.

Due to old age
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 107
Of operations
Of autopsy

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business None
MOTHER FATHER { 12. Name John Stinson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hirshall
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Husdon
(b) Address 509 Benton
17. (a) Removal (b) Date thereof 12/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton, Missouri

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?

18. (a) Signature of funeral director C. H. Blackman & Son,
Kansas City, Mo.
(b) Address
19. (a) 12-22-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature D. R. Russell (M. D. or other)
Address 32-31-8 11 St. Date signed 12/22/44

Dr. Russell

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..... *B. H. Blackman*

Licensed Embalmer No. *2244*

P. O. Address..... *170 Me*

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.