U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8818

Registration District No. FILED MAR 29 1945

Primary Registration District No. 1002

Registrar's No. 1159

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3217 Cleveland Bingham Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ Months (Specify whether

In this community 40 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40

(c) City or town Independence (If outside city or town limits, write "RURAL.")

(d) Street No. 423 N. Spring. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Theodore A. Stevenson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 23 (Day) 1851 (Year)

8. AGE: Years 93 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Montgomery Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Landscape Architect

11. Industry or business

FATHER
12. Name Ahimas Stevenson
13. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Glen Stevenson

(b) Address 1312 N. Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Indep.

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 N. Main - Independence, Mo.

19. (a) 3-12-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10 year 1945 hour 7 pm minute M.

21. I hereby certify that I attended the deceased from Feb 15, 1945, to Mar 10, 1945; that I last saw him alive on Mar 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	
Due to Carcinoma of Esophagus	3 months
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 46 W	

Major findings:
Of operations
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 Avila Jackson (M. D. or other) No

Address 1108 E. Amman Date signed 3-12-45

(Licensed Embalmer's Statement on Reverse Side)

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APR 2 1945

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.