

FILED MAY 15 1945
Registration District No. 149

Primary Registration District No. 1002

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:
5853 EAST 10TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 43 YEARS (Specify whether years, months or days)

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. 5853 EAST 10TH STREET
(If rural, give location)

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

3. (a) PRINT FULL NAME MR. STEPHEN WATERS

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 MARRIED

6. (b) Name of husband or wife MRS. MOLLIE WATERS

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased DECEMBER 10 1952
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace GRAIN VALLEY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 20 YEARS

11. Industry or business LABORER

12. Name THOMAS WATERS

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

14. Maiden name ROSE MC CARTHY

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

16. (a) Informant Mrs. Mollie Waters

(b) Address 5853 East 10th Street

17. (a) BURIAL (b) Date thereof MAY 4 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-4-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 ST
year 1945 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1943
1943 to May 1 1945

that I last saw him alive on 5-1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
hemorrhage

Due to Essential Hypertension

Due to Chronic nephritis

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Duration
5 days
2 year

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

Major findings:
Of operations 1315
Of autopsy _____

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? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature D. H. Newcomer
Address 3700 E 27th St, Kansas City, Mo.
Date signed 5-2-45

3500 East 27th Street

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

Emile M. Colburn

Licensed Embalmer No.

3506

P. O. Address

Kemo

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.