S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1945

State File No. 23233

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2936

**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: 1119 E 8th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 12 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Jackson

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

(d) Street No. 1119 E 8th St (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Wade L. Stevens

3. (b) If veteran, name war none

3. (c) Social Security No. Do not know

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months Days If less than one day hr. min.

9. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Broom Maker

11. Industry or business

FATHER
12. Name Do not
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Know
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Coroner Office

(b) Address 1 L C MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenhaven Mt. Moriah

18. (a) Signature of funeral director Parrantino Bros

(b) Address 1 L C MO

19. (a) 7-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 12 year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary sclerosis | |
| Due to arterio sclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 94a | |

Major findings:
Of operations
Of autopsy No
History & Inspection

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 3

23. Signature James C Walker (M. D. or other) Coroner

Address 1424 Irwin Bldg Date signed 7-12-45

(Licensed Embalmer's Statement on Reverse Side)

## 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 Frances Walton

Licensed Embalmer No. 2744

P. O. Address 1 C K

**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.**