S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36402

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4802

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: 3724 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3724 Broadway 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. DORA MAE STEVENS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Luman Stevens

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

7. Birth date of deceased April 18, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Desoto, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Heiple
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabelle Deason
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Genevieve Stevens
(b) Address 3724 Broadway

17. (a) Removal (b) Date thereof 11-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 11-22-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 45 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from Nov, 1942, to 11-22-45, 19..;
that I last saw her alive on 11-21-45, 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Vascular disease
Hypostatic Bronchopneumonia

Due to

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Hoot of Bear Date signed 11-22-45

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.