. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24398

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2927

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: 2529 BENTON BLVD (If not in hospital or institution, write street number or location)

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

In this community 3 1/2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 2529 BENTON BLVD (If rural, give location) 8 0

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ARCHIE STREAM

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 MRS. CLARA B STREAM

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

7. Birth date of deceased JUNE 9 (Month) ~~1856~~ (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	0	28	hr. min.

9. Birthplace AFTON IOWA (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED SALESMAN

11. Industry or business INTERNATIONAL HARVESTER CO.

FATHER
12. Name GRAFTON STREAM
13. Birthplace UNKNOWN VIRGINIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH BISHOP
15. Birthplace UNKNOWN VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie G. Howard

(b) Address 2529 Benton Blvd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-9-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director O.H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7th year 1947 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from June 18, 1946 to July 7, 1947 that I last saw him alive on June 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized arteriosclerosis	unknown
Auricular fibrillation	1 yr
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
Of autopsy

PHYSICIAN — Underline the cause of 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 0

23. Signature A. L. Spafford ~~(M. D. or other)~~

Address Argyle Bldg K.C. Mo Date signed 7-7-47

Jefferson City Printing Co. (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.....

.....D. A., Registered Apprentice No.....,

working under my personal supervision.

Signed D. R. Nolsinger

Licensed Embalmer No. 3968

P. O. Address Kansas City

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.