

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16535  
2321  
 Registrar's No. \_\_\_\_\_

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:  
K.C. Gen. Hosp. No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days  
(Specify whether)

In this community 29 YEARS  
years, months or days

3. (a) PRINT FULL NAME Andrew J. Stephens

3. (b) If veteran, name war NO

3. (c) Social Security No. 714-07-1715

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. THELMA B. STEPHENS 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased OCTOBER 26 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 25 If less than one day  
hr. min/

9. Birthplace BLUNT COUNTY ALABAMA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business RAILWAY EXPRESSMAN

12. Name ANDREW J. STEPHENS

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

14. Maiden name MARTHA JANE HUFFMAN

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

16. (a) Informant MRS. THELMA B. STEPHENS

(b) Address 2530 CENTRAL STREET

17. (a) BURIAL (b) Date thereof JUNE 3 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETRY

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

(b) Address 1401 BRUSH PARK BLVD

19. (a) 6-2-48 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

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. 2530 Central  
(If rural, give location) 80

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
 year 1948 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from 5-16-48, 19  , to 6-1-48, 19  ;  
 that I last saw him alive on 6-1-48, 19  ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, rt. lower lobe Duration \_\_\_\_\_

Due to Cerebral thrombosis rt.

Due to \_\_\_\_\_

Other conditions 83.5  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy See above

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) (e) Means of injury \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) \_\_\_\_\_  
 Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed \_\_\_\_\_

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

**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 *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 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.**