

No. 300
10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33114**
Registrar's No. **4169**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days**
(Specify whether
In this community **57 years**
years, months or days)

3. (a) PRINT FULL NAME **Austa May Stevens**
3. (b) If veteran, name war *********
3. (c) Social Security No. *********

4. Sex **Fem** / **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Wid. 2**
6. (b) Name of husband or wife **Elmer Stevens**
6. (c) Age of husband or wife if alive ****** years
7. Birth date of deceased **Sept. 5 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **1** Days **7**
If less than one day
hr. min.

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wm. Conway**

13. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Settles**
(City, town, or county) (State or foreign country)

15. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hollis W. Stevens**

(b) Address **1009 Prospect**

17. (a) Burial **Green Lawn** **(b) Date thereof** **10-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn, K. C., Mo.**

19. (a) 10-13-48 **(b) Geraldine 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 5**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1009 Prospect**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **12**
year **1948** hour **6** minute **40 A. M.**

21. I hereby certify that I attended the deceased from **Sept. 20**, 19**48** to **Oct. 12**, 19**48**;
that I last saw h **er** alive on **Oct. 12**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death
**Adenocarcinoma of cervix with metastases to lungs and liver-
Bronchopneumonia**
Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) **48 2**

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 **Wm. W. Hart** (Specify type of place) (e) Means of injury **0**

23. Signature **Wm. W. Hart** (M. D. or other) **10-12-48**
Address **Med. Dir. Gen'l Hosp.** **Date signed**

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

Dr. E. J. [unclear]

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 *Robert A. Ferrmann*

Licensed Embalmer No. *3700*

P. O. Address *F. C. No*

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.