S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1949

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40376

Primary Registration District No. 1002

Registrar's No. 5157

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: 0
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 hours (Specify whether years, months or days)

In this community: About 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 1211 Highland 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Edward Stephenson

3. (b) If veteran, name war: None

3. (c) Social Security No.: NONE

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Gladys Stephenson

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: October (Month) 25 (Day) 1911 (Year)

8. AGE: Years 37 | Months 1 | Days ~~11~~ 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Marshall (City, town, or county) Mo. (State or foreign country) 11

10. Usual occupation: Car Dealer

11. Industry or business:

FATHER
12. Name: Clarence Stephenson 11
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Carrie Bolder
15. Birthplace: Marshall (City, town, or county) Mo. (State or foreign country) 11

16. (a) Informant: Mrs. Gladys Stephenson (Wife)

(b) Address: 1211 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/20/1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: E. Sterling Bills

(b) Address: 1212 Vine St., Kansas City, Mo.

19. (a) 12-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1948 hour 2:45 minute A.M.

21. I hereby certify that I attended the deceased from 12-15, 1948, to 12-16, 1948, that I last saw him alive on 12-16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy — Duration

Due to:

Due to:

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

Major findings:
Of operations: 13 N
Of autopsy: 0

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? L. W. Turner (Specify type of place)

While at work: (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 1612 E. 12 Date signed: 12/17/48

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., 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.