

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9027
1383

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>8yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5610 E. 37th. St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>F.</u>	
		c. (Last) <u>Stephenson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1908</u>
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Constructing work</u>	11. BIRTHPLACE (State or foreign country) <u>Miami, Mo.</u>
		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Walter Stephenson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Davis</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mrs. Bessie Stephenson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-B-4642</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Stephenson- 5610 E.37th</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Burn of Body Surface</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>7 7 7 Degree</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1915 E 9160 16</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>2610 E 37th</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/18/1920</u> AM. <input type="checkbox"/> PM. <input checked="" type="checkbox"/>	21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fire in home</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE THOS. A. JONES (Print or Type)		23b. ADDRESS <u>Dep. 3 Corridor 1612 E 12th</u>	
		23c. DATE SIGNED <u>7/27/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-24-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Sterling Killa 1212 W. 12th</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

E. Sterling Bells

Licensed Embalmer No. *3128*

P. O. Address: *1212 Pine St*

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.

R. C. J.