

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH17823  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township North East Primary Registration District No. 1002 Registered No. 2925  
 (c) City or Kansas City (d) Street No. North East Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Org. S. Stephens  
 (a) Residence, No. 1014 E. Smith St.  Independence Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>White</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1904</u>		
7. AGE <u>37</u>	YEARS <u>10</u>	MONTHS <u>25</u>
8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc. <u>Insurance man</u>		11. Total time (years) spent in this occupation <u>6 years</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Community House</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coryville Missouri</u>		
13. NAME <u>George Stephens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coryville Missouri</u>		
15. MAIDEN NAME <u>Avilla Clark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grout Missouri</u>		
17. INFORMANT (ADDRESS) <u>Grace Stephens</u> <u>1014 E. Smith Ave.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Mount Washington May 29 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>George C. Carson</u> <u>Independence Mo.</u>		
20. FILED <u>May 29 1939 M. M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to May 26, 1939  
 I last saw him alive on May 26, 1939. Death is said to have occurred on the date stated above, at 9:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Dyslococia Septicemia  
Cellulitis of nose & left side of face. Due to infected hair follicle of nose  
108  
 Date of onset 5-18-39

Other contributory causes of importance:  
Polio Pneumonia 5-21-39

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) Dr. J. J. Carson  
 (Address) 1014 E. Smith Ave. Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**