DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

50 APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9535

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 969

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.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 17 days (Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3025 Bales Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME VALENTINE URBAN STEPHENS

3. (b) If veteran, name war None

3. (c) Social Security No. 496-09-2165

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Catherine Stephens

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 13 (Day) 1874 (Year)

8. AGE: Years 65 | Months 11 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Employee

11. Industry or business W. P. A.

FATHER
12. Name Walker Stephens
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Barbara Ann Sargent
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Mrs Wm Price

(b) Address 3025 Bales Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Elmwood Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th year 1940 hour 2 minute 55 A.M. M.

21. I hereby certify that I attended the deceased from 1-12-40, 19__, to 2-29-40, 19__; that I last saw him alive on 2-29-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right lobar pneumonia	
Due to	
Due to 51	
Other conditions Carcinoma of bladder; post operative peritonitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. F. De Maria M.D. (M. D. or other)

Address Supt. K.C. Gen. Hospital K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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 A C Newcomer Jr

Licensed Embalmer No. 4043

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, above space should be left blank.