

S. No. 2
M-1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9491**

APR 15 1941

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. **900**

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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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 35 yrs
years, months or days)

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. 3231 Prospect
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country 35 yrs

3. (a) PRINT FULL NAME William S Charles Stephens

3. (b) If veteran, name war none
3. (c) Social Security No. 48603 8961

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 1 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 2 27 hr. min.

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

10. Usual occupation Cleaning & Pressing

11. Industry or business

12. Name No record

13. Birthplace Australia
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Australia
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Shuey

(b) Address 2214 Lister

17. (a) Burial (b) Date thereof Mar 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 3/3/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th
year 1941 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-11-41 to 2-28-41
and that death occurred on the date and hour stated above.
that I last saw h. im alive on 2-28-41
Immediate cause of death Coronary occlusion, recent and old abscess of right lung with pneumonia

Due to
Due to
Other conditions Cardiac failure
(Include pregnancy within 3 months of death)

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 (Specify type of place) Means of injury h
23. Signature Wiley R. Thomas (M.D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

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

94 a

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 Berard J. Wade

Licensed Embalmer No. 4192

P. O. Address R. E. Moore

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 900

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. 3231 Prosper
(If rural, give location)
If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME

William Charles Stephens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color of race Wh.

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

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE:

Years 54

Months

Days

If less than one day hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

M. M. Brown
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 28 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19..... that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis - Recent & old

Due to absence of right lung Post pneumonia

Due to old history of tuberculosis

Other conditions cardiac failure
(Include pregnancy within 3 months of death)
Of autopsy above

Duration
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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

9491