

No. 2  
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17-39  
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FILED MAY 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13599

State File No. \_\_\_\_\_  
Registrar's No. **1580**

Registration District No. **399**

Primary Registration District No. **1002**

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: **St. Joseph Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **since 4-9-41**  
(Specify whether  
In this community **life**  
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. **3304 Bales,**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **X** **0** years.

3. (a) PRINT FULLNAME **Bert C. Stearns,**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **445-03-4823**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married!**

6. (b) Name of husband or wife **Ethel Stearns,**  
6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **December 5, 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56** **4** **14** hr. min.

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

10. Usual occupation **Cashier**

11. Industry or business **Soda Pop Business**

12. Name **Lewis Stearns,**

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

14. Maiden name **Sweringen,**

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

16. (a) Informant **Mrs. Ethel Stearns,**

(b) Address **3304 Bales, Kansas City, Mo.**

17. (a) **Burial;** (b) Date thereof **4-21-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Apr 21 1941** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**  
year **1941** hour **1:30** minute **AM**

21. I hereby certify that I attended the deceased from **March, 1941**  
to **April 19, 1941;**  
that I last saw him alive on **April 18, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of stomach**

Due to **CB** **4/18/41**

Due to **4/18/41**

Other conditions **Chronic Hypertension**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma stomach**  
Of operations **swallowing process**  
Of autopsy **peritonitis**

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) **no**

(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? **X** (e) Means of injury **0**

23. Signature **P. Claffey MD** (M. D. or other)  
Address **1103 Grand** Date signed **4/19/41**

WRITE PLAINLY—USE 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

Phillis H. Bennett, Registered Apprentice No. 282  
working under my personal supervision.

Signed E. M. Clark

Licensed Embalmer No. 1848

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, fact should be so stated above.**