

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

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:  
2800 Monroe Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 27 Years \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2800 Monroe Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Mr. John C. Stevens

3. (b) If veteran, name war No 3. (c) Social Security No. 482-14-667

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Mrs. Etta Anderson Stevens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 15 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 7 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Accountant

11. Industry or business K.C. Public Service Co.

12. Name Benjamin F. Stevens

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

14. Maiden name Sarah Ann West

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

16. (a) Informant Mrs Helen Klunn  
(b) Address 3100 Monroe

17. (a) Cremation (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-28-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th  
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov-11  
1941 to July 27 1941  
that I last saw him alive on July 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 2 day  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic insufficiency of heart  
(If pregnancy within 3 months of death)  
Asperterphed Prostate

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature G. G. Gentry (M. D. or other)  
Address 832 Argyle St. 13th St. Date signed 7/27/41

052 Wayne  
11:30 - 4:30

JUN 6 1925

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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.....

*Emily J. Jonach*

Licensed Embalmer No. *4147*

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.**