

Registration District No. 377

Primary Registration District No. 1002

Registrar's No.

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:  
300 South Elmwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna A. Stephens

3. (b) If veteran, name war  
3. (c) Social Security No. no

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased Jan. 8th 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Dekalb, Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Wm. A. Dunning / Tenn.  
(City, town, or county) (State or foreign country)

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

14. Maiden name Tenn.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Homer Pratt  
(b) Address 300 South Elmwood

17. (a) Removal (b) Date there Sept 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okla. City, Okla.

18. (a) Signature of funeral director Mrs. C.R. Foster  
(b) Address 918 Brooklyn

19. (a) 9/8/41 (b) M.M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 300 South Elmwood  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th  
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 25  
1941 to Sept 7 1941;  
that I last saw her alive on Sept 6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute Enteritis  
Fracture Femur (left)  
Duration 2 1/2 weeks  
3 1/2 weeks

Due to 1860

Due to 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy none made

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) Acc

(b) Date of occurrence May 25, 1941

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home 123 Fall  
While at work? (Specify type of place) (e) Means of injury

23. Signature C.W. Kane (M. D. or other) M.D.  
Address 103 N. Elmwood Date signed 9-8-41

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

E. H. McKee  
.....  
Licensed Embalmer No. 2570

P. O. Address Kansas City, 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.**