

WED JAN 24 1943  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4569

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:  
1007 Newton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 17 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>  
(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>2</sup>  
(d) Street No. 1007 Newton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? About 20 Years <sup>10</sup> years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb - 1939 to 12 - 8 - 1941  
that I last saw her alive on 12 - 6 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
Due to Carcinoma of Uterus <sup>about 3 years</sup>

Due to H&B  
Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

23. Signature M. J. Crowe (M. D. or other) \_\_\_\_\_  
Address 6520 S. Independence Ave Date signed 12-8-41

3. (a) PRINT FULL NAME HENRIETTA HARRIETT STEPHENS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 11, 1893  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 27 If less than one day hr. min.

9. Birthplace England <sup>4</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Chas. Hassom  
13. Birthplace England <sup>4</sup>  
(City, town, or county) (State or foreign country)

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

15. Birthplace England <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Stephens

(b) Address 1007 Newton

17. (a) Burial (b) Date thereof 12-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. BLACKMAN & SON,

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 12/9/41 (b) M. J. Crowe  
(Date received local registrar) (Registrar's signature)

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

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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 Wilton L. Kelsey

Licensed Embalmer No. 4225

P. O. Address Independence, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**