

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 359

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:
2439 Highland /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. over 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Wright Stephenson
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James Stephenson
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased February 9, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 14
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business unk

MOTHER FATHER {
 12. Name unk Clark
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Stephenson
 (b) Address 2439 Highland

17. (a) burial (b) Date thereof 1/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Matthew T. Brock
 (b) Address 1729 Lydia

19. (a) 1-26-42 (b) M. H. Browne
(Date received local registrar) (Registrar's signature)

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. 2439 Highland
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. 23rd
 year 1942 day 4 hour 45 minute A. M.

21. I hereby certify that I attended the deceased from Jan-18-
1942 to Jan-23rd, 1942
 that I last saw her alive on Jan-23rd, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Apoplexy!
Chronic Nephritis
Endo-carditis
 Due to Apoplexy!
 Due to Chronic Nephritis
 Other conditions Endo-carditis
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 121B
 Of operations 121B
 Of autopsy 121B
 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 J. Williams (M. D. or other)
 Address 2636 - Brooklyn Date signed 1/24/42

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

J. R. Williams, 2636 Broadway

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.....

Licensed Embalmer No.....

P. O. Address.....

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.