. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5654

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 956

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas CityMo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3830 Walnut 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 3 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Neck City Mo (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Thomas D. Stephens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

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

7. Birth date of deceased April 5th 1873 (Month) (Day) (Year)

8. AGE: Years 67 68 | Months 11 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Constable

11. Industry or business .....

FATHER
12. Name Sam Stephens
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Jennie
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dr. Chas G. Stephens

(b) Address 3830 Walnut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 6 42 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Mo

18. (a) Signature of funeral director Harlyn Roe

(b) Address 7406 Wornall Rd

19. (a) 3/7/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6th year 1942 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Mar 3, 1942 to Mar 6, 1942 that I last saw him alive on Mar 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 yr
Due to Arteosclerosis	10 yrs
Due to Seniality	
Other conditions (Include pregnancy within 3 months of death) 93 D	

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature [signature] (M. D. or other) M.D.

Address 3937 Main Date signed 3/6/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Harlyn Fox, Registered Apprentice No. 2810, working under my personal supervision.

Signed Harlyn Fox

Licensed Embalmer No. 2810

P. O. Address [illegible]

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.