DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29584

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3548

X29484

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: 3241 Wabash,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 21 years years, months or days)

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")
(d) Street No. 8018 Summit, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 11
If yes, name country x

3. (a) PRINT FULL NAME Wesley D. Stephens,

3. (b) If veteran, name war no.
3. (c) Social Security No. 495-09-3947

4. Sex Male 6
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Jessie Stephens,
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased December (Month) 16 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	9	hr. min.

9. Birthplace ~~Iowa~~ (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Hoisting Engines
11. Industry or business x
12. Name John Wesley Stephens,
13. Birthplace (City, town, or county) Illinois, (State or foreign country)
14. Maiden name Leanah Johnston
15. Birthplace (City, town, or county) Illinois. (State or foreign country)

MOTHER FATHER

Corr. by off 8 2 Sept 42 [illegible]

16. (a) Informant Mrs. Ila M. Everett,
(b) Address 8018 Summit, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Elm, Kansas,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 9/27/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1942 to Sept 25th 1942 that I last saw him alive on Sept. 25th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia involving lower right lobe — Duration 10 days

Due to complications ga wd 108

Due to

Other conditions Right hemiplegia & arteriosclerosis & myocarditis
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. N. Gellum, DO (M. D. or other)
Address 123-N. Gladstone Date signed 9/26/42
K. C. Mo. Tel. G10383

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gillham (Clinic)

OTOV

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No. 29514

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3548

On this 6 day of Oct, 1942, before me appears Mrs Ila Everett, who, upon her oath, states that the original record of ~~birth~~ death for Wesley Stephens ~~died~~ born 9-25, 1942, in the State of Missouri, and which was filed at KC on 9-27, 1942 should be corrected as follows:

Item No. birthpl of name should read Kansas
Instead of Iowa

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ila M Everett niece
Relationship.

8018 Summit
Present Address.

Subscribed and sworn to before me this 6 day of Oct, 1942

My Commission expires My Commission Expires Jan. 15, 1946

Rose A. Marks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

. S. 135
3-42
X32339

29584