

FILED JUN 24 1943  
Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 2509

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:  
Grosse Nursing Home, 3918 1/2 Charlotte St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Yrs. & 6 Mos.  
In this community 20 Years  
(Specify whether years, months or days)

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. 429 West 67th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Caleb John Steventon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Nina Morgan Steventon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 23 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 9 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Covington Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 20 Years

11. Industry or business Sup't to Rolling Mill

MOTHER FATHER

12. Name Benjamin Steventon

13. Birthplace Staffordshire County England  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ellis

15. Birthplace Staffordshire County England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.B. Wright

(b) Address 429 West 67th Street

17. (a) Burial (b) Date thereof June 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer  
(b) Address 1401 E. Rush Creek Blvd.

19. (a) 6-2-43 (b) D. H. Newcomer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 th  
year 1943 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 16  
1943 to May 30 1943  
that I last saw him alive on May 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Heart Extension of Coronary Arteries  
Heart Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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 David B. Johnson (M. D. or other) 1943  
Address 428 Prospect Date signed 6/1/43

embalmed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, or by \_\_\_\_\_

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

Signed C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address R C 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.**