

FILED SEP 28 1943
Registration District No. _____

Primary Registration District No. 1002

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:
General Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. 25 mins
(Specify whether years, months or days) 10 yrs

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. 2915 Harrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Leona Stephens
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive -dec years
7. Birth date of deceased April 4 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business same

12. Name Thomas Post

13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant James Duffin

(b) Address 2915 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Brown lawn Cem

18. (a) Signature of funeral director Ernest M. Berry

(b) Address 2915 Harrison

19. (a) 9-16-43 (Date received local registrar) (b) J. E. B. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1943 hour 5 minute 5 P. M.
21. I hereby certify that I attended the deceased from Sept. 12th
1943 to Sept. 12th, 1943
that I last saw her alive on Sept. 12th, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac decompensation Duration _____

Due to gsc²
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy See above

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? _____
While at work _____ (Specify type of place) (b) Means of injury _____
23. Signature Wm. R. Thom (M. D. or other) _____
Address Gen'l Hosp. Date signed 9-12-43

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address KC, 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.