

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

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 Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11-9-43-11-13-43  
(Specify whether  
In this community 25 Years  
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. 2306 Lydia  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARY STEPHENS  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Stevens  
6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased May 8 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 5 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER {  
12. Name Alfred Lewis  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizzie  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director John H. Brown

(b) Address 1729 Lydia Avenue

19. (a) 11-16-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 13  
year 1943 hour 12:55 minute p. M.

21. I hereby certify that I attended the deceased from  
November 9 1943, to November 13, 1943  
that I last saw her alive on November 13, 1943,  
and that death occurred on the date and hour stated above,  
Immediate cause of death Purulent Meningitis duration

Due to g/a  
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?

While at work? (Specify type of place) Means of injury

23. Signature N. E. Brown (M. D. or other)  
Address Ten. Hwy. 72-6022 Date signed 11-15-43

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

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**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.**