

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 4808

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:  
 3407 PENNSYLVANIA AVENUE - 1<sup>ST</sup> FLOOR NORTH  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 5 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3407 PENNSYLVANIA AVE - 1<sup>ST</sup> FLOOR NORTH  
 (If rural, give location)  
 (e) Citizen of foreign country? YES (Yes or No)  
 If yes, name country ENGLAND

3. (a) PRINT FULL NAME MRS. RUEZLA ETHEL STEVENSON  
 3. (b) If veteran, name war WORLD WAR I NO HORSE  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 18  
 year 1943 hour 4 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from 6/9/43  
 \_\_\_\_\_, 19, to 11/18/43, 19,  
 that I last saw her alive on 11/17/43, 19,  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MR. JAMES B. STEVENSON 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased NOVEMBER 8 - 1901  
 (Month) (Day) (Year)

Immediate cause of death: Carcinoma of cervix  
 Duration \_\_\_\_\_

8. AGE: Years 42 Months 0 Days 10 If less than one day hr. min.

Due to \_\_\_\_\_ 480  
 Due to \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Carcinoma of cervix  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name UNKNOWN Mechanic  
 13. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Ruth Stevenson Duffin  
 (b) Address 3407 Penn. Ave.  
 17. (a) BURIAL (b) Date thereof 11-20-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation M. C. MORIAR CEM.  
 18. (a) Signature of funeral director O. H. Newcomer, Sons  
 (b) Address 1401 BRUSH CREEK BLVD.  
 19. (a) 11-19-43 (b) J. C. Brown  
 (Date received local registrar) (Registrar's signature)

23. Signature: J. C. Brown (M. Registrar)  
 Address: 830 Maple Blvd. Date signed 11/19/43

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.**