

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1759**

X35697

FILED FEB 10 1949

Registration District No. **1002**

Registrar's No. **330**

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: **911 Michigan**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 years**
In this community **25 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **911 Michigan**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Kittie Euliad Stevenson**
(b) If veteran, name war **-**
(c) Social Security No. **500-20-7173**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **14**
year **1944** hour **5** minute **A.** M.
21. I hereby certify that I attended the deceased from **Dec 28**, 19**43** to **Jan 11**, 19**44**
that I last saw her alive on **Jan 11**, 19**44**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chr. Myocarditis** Duration
Chr. Nephritis

4. Sex **Fe** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Wid.**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **9** years (Day) (Year) **1903**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **1316**

8. AGE: Years Months Days If less than one day
40 **2** **5** hr. min.
9. Birthplace **Nashville Tenn.**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housework**
11. Industry or business
12. Name **Joe Dotson**
13. Birthplace **Texas**
(City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name **Delia Radley**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mattie Bates**
(b) Address **1315 Garfield**
17. (a) **Burial** (b) Date thereof **1-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln Cemetery**
18. (a) Signature of funeral director **Adkins Bros.**
(b) Address **2000 E. 12th St. K. C. Mo.**
19. (a) **Jan 20, 1944** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
Signature **J. P. Richardson** (M. D. or other)
Address **1832 Olive** Date signed **1-19-44**

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

DEPT. OF HEALTH
S. No. 2
—243

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 A. T. Moore

Licensed Embalmer No. 948

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.