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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1760

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 508

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Buckner, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steward, Betty Loren

3. (b) If veteran. name war. X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1944 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1-27 1944 to 1-30 1944
that I last saw her alive on 1-30 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh

6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug-30 1943
(Month) (Day) (Year)

Immediate cause of death: Post Mortem
1. Meningitis (Influenza?)
2. Acute Bronchopneumonia
3. Embolus
4. Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death): 5. Valvular disease

8. AGE: Years Months Days If less than one day
5 0 0 hr. min.

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

10. Usual occupation Salary

Major findings: Of operations _____

Of autopsy 33a

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Everett L. Steward

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

14. Maiden name Mary Ellen Johnson

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

16. (a) Informant Everett L. Steward

(b) Address Buckner Mo

17. (a) Burial (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Six miles cemetery

18. (a) Signature of funeral director J. M. Kappert

(b) Address Buckner Mo

19. (a) 1-31-44 (b) F. B. 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 _____

23. Signature John H. Haskin (M. D. or other)
Address Wheeler Hotel Way Date signed 1-30-44

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 _____
V. M. Reppert

Licensed Embalmer No. 2321

P.O. Address Buckner 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.