

FILED FEB 24 1944
1949

State File No. _____
Registrar's No. 710

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: 4205 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 35 years,
years, months or days

3. (a) PRINT FULL NAME Courtney S. Stevenson

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Audrey J. Stevenson

6. (c) Age of husband or wife if alive past 50 years

7. Birth date of deceased June 28 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 12 If less than one day hr. _____ min.

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

10. Usual occupation Insurance & Realty

11. Industry or business X

MOTHER FATHER { 12. Name Augustus Stevenson

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

14. Maiden name Heodasia Bradley

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

16. (a) Informant Mrs. Audrey J. Stevenson,

(b) Address 4205 Baltimore, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

(b) Address

19. (a) 2-12-44 (Data received local registrar) (b) D. C. Brown (Registrar's signature)

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. 4205 Baltimore,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1944 hour 2:00 minute a. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw h. Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy inspection & history

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 D. E. Usher (M. D. or other) M. D.

Address 22 McCoy Date signed 2/11/44

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 John E. G. Wiley

Licensed Embalmer No. 4050

P. O. Address Kansas City 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.