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FILED JUL 8 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2669

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks,
(Specify whether years, months or days)

In this community 7 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson, 999

(c) City or town Overland Park, 14
(If outside city or town limits, write "RURAL")

(d) Street No. 8642 Robinson,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. X 2

3. (a) PRINT FULL NAME Mrs. Fay B. Stein,

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1944 hour 5:00 minute P. M. 9.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife M. R. Stein

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

7. Birth date of deceased March 24 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-22-29
6-24 1944 to 6-24 1944
that I last saw her alive on 6-10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary

Duration

8. AGE: Years 49 Months 3 Days 0
If less than one day hr. min.

Due to

Due to

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

Other conditions 49 a
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife,

Major findings: Of operations

11. Industry or business X

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name Henry Browning,

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

14. Maiden name Sally Nix,

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

16. (a) Informant M. R. Stein,

(b) Address 8642 Robinson, Overland Park, Kas.

17. (a) Burial (b) Date thereof 6-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Stine & McClure,

18. (a) Signature of funeral director George C. Lee

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 6-26-44 (b) M. 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?
(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature George C. Lee (M. D. or Minister)
Address 1630 Play Bldg Date signed 6/26/44

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

Dr. George Lee *Proof*

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

[Handwritten Signature]

Licensed Embalmer No. *1415*

P. O. Address *[Handwritten 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.