

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8817**
Registrar's No. **1227**

FILED MAR 29 1945

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:
Kansas City Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether
In this community **26 Years** (Specify whether
years, months or days)

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. **604 West 16th.** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT DOROTHY MADDOX STEPHENS
FULL NAME

3. (b) If veteran, name war ******* NO** 3. (c) Social Security No. **49640518275**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Otha F. Stephens** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **Sept. 6 1907**
(Month) (Day) (Year)

8. AGE: Years **37** Months **6** Days **7** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Self**

12. Name **Joseph D. Maddox**

13. Birthplace **Glasgow Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Maude Bentley**

15. Birthplace **Glasgow, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **K.C. Osteopathic Hosp**
(b) Address **Kansas City, Missouri**

17. (a) **Burial** (b) Date thereof **Mar - 17-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**
18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918-920- Brooklyn K.C. Mo.**

19. (a) **3-16-45** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1945** hour **;** L: minute **35 A.**
21. I hereby certify that I attended the deceased from **3-5-45**
19, to **3-13-45**
that I last saw her alive on **3-13-45** 19, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Edema of Lungs.** Duration **36 hrs**
Due to **Chronic suppurative, about 1 year**
Due to **93 d.**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **Uterine Fibrosis** PHYSICIAN
Massive adhesion from previous operation. 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) (c) Means of injury **2**
23. Signature **H. E. Brown** (M.D. or other) **F. D.**
Address **1116 Chamber Bldg.** Date signed **3/17/45**

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

48
3
2

KE and.

Dr. Powell

1116 Chambers

1-5 pm

for
if:

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.....

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *918 Brooklyn*

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.

K.C. mo.