

S. No. 2
M-5-43
7-5-17-39
P-1 X36671

FILED FEB 27 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 364

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

F-1262

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: 3200 Norledge St K.C. Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 years.
(Specify whether)
 In this community unknown
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. 3200 Norledge K.C. Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FANNY STEPHENS
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant K.C. Conversement Home

(b) Address 3200 Norledge K.C.

17. (a) Burial _____ **(b) Date thereof** 1-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Bernard's

18. (a) Signature of funeral director W. B. Gangarford

(b) Address St. Bernard's

19. (a) 1-23-46 **(b) Blaudine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 16
 year 1946 hour 12:00 minute 9 M.
21. I hereby certify that I attended the deceased from 2-15-40
 _____, 19____, to 1-16-46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Arteriosclerosis

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____ **(c) Means of injury** 0

23. Signature W. B. Gangarford (M. D. or other) _____

Address 3200 Norledge Date signed 1-16-46

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address H. C. 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.