

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

FILED OCT 14 1946

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4168

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 24 days
(Specify whether years, months or days)

In this community 15 yrs

3. (a) PRINT FULL NAME Jay C. Stevenson

3. (b) If veteran No name war

3. (c) Social Security No. unknown

4. Sex male 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 Dec-10-1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 20 If less than one day hr. min.

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Work

11. Industry or business

12. Name Stevenson

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Dawson

(b) Address 818 Park

17. (a) Cremation (b) Date thereof Oct 2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Wm C R Fowler

(b) Address 918 Prospect

19. (a) 10-2-46 (b) Geraldine Holmes
(Date received local registrar) (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. 818 Park
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1946 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 6, 1946, to Sept. 30, 1946; that I last saw him alive on Sept. 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 1248

Of operations

Of autopsy None

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

23. Signature P. Brandon Hull (M. D. or other)

Address General Hospital No. 1 Date signed 9-30-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

29300

Dr. Whitehouse

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..... *Portland Munro*

Licensed Embalmer No. *3414*

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.