

National Office of Vital Statistics
FILED FEB 7 1948
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **448**

WRITE PLAINLY—USING 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:
2310 Vine

(d) Length of stay: In hospital or institution...
(Specify whether years, months or days) **About 50 years**

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... **2310 Vine**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James A. Stephenson**

3. (b) If veteran, name war... **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro**

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

6. (b) Name of husband or wife... **Clara L. Stephenson**

6. (c) Age of husband or wife if alive... **57** years

7. Birth date of deceased... **June - 15 - 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 **7** **12** hr. min.

9. Birthplace... **Cannalton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Orderly - Gen. Hosp #2**

11. Industry or business

12. Name... **Unknown**

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

14. Maiden name... **Unknown**

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

16. (a) Informant... **Clara L. Stephenson**

(b) Address... **2310 Vine St.**

17. (a) **Burial** (b) Date thereof... **2/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Blue Ridge Lawn Cem**

18. (a) Signature of funeral director... **E. Stebbins**

(b) Address... **1212 Vine St., Kansas City, Mo.**

19. (a) **1-31-48** (b) **Margaret Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27**
year **1948** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 2**, 1947, to **January 27**, 1948;
that I last saw him alive on **January 26**, 1948;
and that death occurred on the date and under stated above.

Immediate cause of death... **Chronic Myocarditis** Duration **9 months**

Due to... **chronic nephritis** Urban

Due to... **Focal infection**

Other conditions... **Senility**
(include pregnancy within 3 months of death)

Major findings:
Of operations... **1318**

Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (Specify type of place) **2**

(e) Means of injury

23. Signature... **Dr. E.R. Jean** (M. D. or other) **100**

Address... **1330 E. 28th Street** Date signed... **1-30-48**

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

E. Sterling Bills
.....
Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with MO the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.