S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5097

Registrar's No. 824

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. Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1292 West 72nd Terrace. 8
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Mary Regina Stephenson
3. (b) If veteran, name war: No
3. (c) Social Security No. None
4. Sex: Feamle 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. Lee Stephenson
6. (c) Age of husband or wife if alive: 60 yrs years
7. Birth date of deceased: August 26, 1889 (Month) (Day) (Year)

8. AGE: Years 58 | Months 5 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace: Kansas City, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: M. R. Allen
13. Birthplace: Washington D.C. 1 (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Quinlan
15. Birthplace: Kansas City, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: J. Lee Stephenson
(b) Address: 1292 West 72nd Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Thos. E. Quirk
(b) Address: 4316 Troost Ave.
19. (a) 2-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 22nd year 1948 hour 2.10 A.M. minute M.
21. I hereby certify that I attended the deceased from 11-16-45, 19..., to 2-19-48, 19...; that I last saw her alive on 2-21-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right cerebral hemorrhage	3 days
Due to: hypertensive cardiovascular disease	years
Due to:	
Other conditions: Carcinoma of the cervix (Include pregnancy within 3 months of death)	about 3 years

Major findings:
Of operations: 1 1/2
Of autopsy: 1

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): No
(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? 0
While at work? (Specify type of place) (e) Means of injury
23. Signature: Logan Luden (M. D. or other)
Address: 1103 Grand Date signed: 2/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Lewis

Licensed Embalmer No. 3775

P. O. Address R. 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.