

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 40 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. 3304 Campbell
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ben F. Stephens

3. (b) If veteran, name war XX 3. (c) Social Security No. 497-11-9875

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July 1 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

12. Name Daniel Stephens
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Pepper
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gaylord Stephens
(b) Address Oklahoma City, Okla.
17. (a) Burial (b) Date thereof July 24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery Weston, Missouri
18. (a) Signature of funeral director Wagner Funeral Home
(b) Address Weston, Missouri
19. (a) 7-22-48 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1948 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 16, 1948, to July 22, 1948;
that I last saw him alive on July 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
sepsis - terminal broncho pneumonia

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 107

Major findings:
Of operations _____
Of autopsy See above

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 7-22-48

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

MOTHER FATHER

*Dr. Burdick
No. 1234567*

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 *W. B. Vaughn*.....

Licensed Embalmer No. *4023*.....

P. O. Address *Weston, 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.