

FILED JAN 8 1949
 Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
GENERAL HOSPITAL # 2 mins
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2mos, 1da, 23hrs, 40**
(Specify whether)
 In this community **47 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON** **48**
 (c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL") **9**
 (d) Street No. **1816 Grove, Apt. 2**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3: (a) PRINT FULL NAME **JACOB STEVENSON**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **Unkl**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DECEMBER** day **15**
 year **1948** hour **1:15** minute **P.** M.

4. Sex **MALE** **2** 5. Color or race **NEGRO**
 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 **JUNE 25th 1901**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
OCTOBER 13, 1948, to **DECEMBER 15th** 19 **48**
 that I last saw him alive on **DECEMBER 15th** 19 **48**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
47 5 20 hr. min.

Immediate cause of death **CARDIAC DECOMPENSATION**
 Due to **AURICULOVENTRICULAR ANEURYSM of FEMORALS**
 Due to **GUNSHOT WOUND of 20 YEARS AGO**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **all**
 Of autopsy.....

9. Birthplace **KANSAS CITY, MISSOURI** **1**
(City, town, or county) (State or foreign country)
10. Usual occupation **DAY LABORER**

11. Industry or business
12. Name **JOHN STEVENSON**
13. Birthplace **WEST VIRGINIA** /
(State or foreign country)
14. Maiden name **MARY DICKERSON**
15. Birthplace **GEORGIA** /
(City, town, or county) (State or foreign country)
16. (a) Informant **Brother: Joseph Stevenson**
(b) Address **1219 Euclid**

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..... (Specify type of place)
(City or town) (County) (State)

17. (a) Burial (b) Date thereof **12/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland Cemetery**

23. Signature **E. Frank Ellis** (M. D. or other)
Address **600 East 22nd St.** Date signed **12/16/48**

18. (a) Signature of funeral director **1729 Medical Avenue**
(b) Address
19. (a) 12-22-48 (b) **E. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2018

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 *J. Jerome Malone*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.