

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1429
110

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 72 YEARS		d. STREET ADDRESS (If rural, give location) 3027 THE PASEO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3027 THE PASEO			

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL b. (Middle) DOROTHY c. (Last) STEMM			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 8, 1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY, 17, 1896		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) CLAY COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME MOSES PITTMAN		13b. MOTHER'S MAIDEN NAME MARY F. STARKS		14. NAME OF HUSBAND OR WIFE EARL C. STEMM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME EARL C. STEMM ADDRESS 3027 THE PASEO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease & decompensation		INTERVAL BETWEEN ONSET AND DEATH 7 Days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420.0			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? D	

22. I hereby certify that I attended the deceased from April 17, 1945, to Jan 7, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. D. Bennett (Degree or title) M.D.		23b. ADDRESS 822 Argyle Bldg K.C. Mo		23c. DATE SIGNED 1-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-10-49		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 1401 BRUSH CREEK Blvd. KANSAS CITY, Mo.	
DATE REC'D BY LOCAL REG. 1-10-49		REGISTRAR'S SIGNATURE Geraldine Holmes		D.W. Newcomer's Sons	

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

777 777 777

11:30 AM 4 8

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Robert Ray.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.