0.300
0.48

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8630

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 926

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): enroute to St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3416 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): F
c. (Last): STENSON

4. DATE OF DEATH (Month) (Day) (Year): Feb 26 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 31 ~~1909~~ 1906
9. AGE (In years last birthday): ~~39~~ 42 — IF UNDER 1 YEAR: Months ~~5~~ Days ~~25~~ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James D. Stenson
13b. MOTHER'S MAIDEN NAME: Anna Marie Haire
14. NAME OF HUSBAND OR WIFE: Mrs. Virginia Stenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 487-03-3402
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Virginia Stenson 3416 Jefferson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cause unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pending
(Supp. Report) Circulatory Failure
DUE TO (c): Rheumatic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Deputy Coroner
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.E.Upsher A E Upsher MD
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 2/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/1/49
24c. NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 2-28-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Fuerk, Tobin 20 W Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student .....
Student Embalmer

Signed Howard W Farmer

Licensed Embalmer No. 434

P. O. Address Kansas City, Mo

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No. 8630
Local Registrar's No. 926-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11 day of May, 1949, before me appears Mrs Virginia A Stenson who, upon her oath, states that the original record of ~~birth~~ death for Leo F. Stenson died ~~born~~ February 26, 1949, in the State of Missouri, and which was filed at Kansas City on Feb. 28, 1949, should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. 8 should read August 30, 1906
Instead of August 31, 1909
Item No. 9 should read 42
Instead of 39
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Virginia A Stenson - Wife
Relationship.

3930 South Benton
Present Address.

Subscribed and sworn to before me this 11th day of May, 1949

My Commission expires Feb 23 1953

Leo F. Stenson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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