

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35225**  
**4516**

**FILED** NOV 8 1952

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place) <u>63 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3337 Brooklyn</u>		d. STREET ADDRESS (If rural, give location) <u>3337 Brooklyn</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>MARGARET</u>	b. (Middle) <u>Ruth</u>	c. (Last) <u>Stein</u>	(Month) <u>Oct.</u>	(Day) <u>14</u>	(Year) <u>1952</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug-13-1879</u>	<b>9. AGE</b> (in years last birthday) <u>73</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTH PLACE</b> (City and State or Foreign Country) <u>Lynchburg-Virginia</u>	

<b>13a. FATHER'S NAME</b> <u>Robert Hughins</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Strickler</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>John-C. Stein</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John-C. Stein</u>
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>ADDRESS</b> <u>3337 Brooklyn K.C. Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 yrs ??</u>
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	<b>11. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Oct. 20, 1946, to Oct 14, 1952, that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 2:30 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Robert M. Myers</u> (Degree or title)	<b>23b. ADDRESS</b> <u>1025 Rialto Bldg K.C. MO.</u>	<b>23c. DATE SIGNED</b> <u>10-15-52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Oct-17-1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood-Cem</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>10-16-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Mr C.P. Foster</u>	<b>ADDRESS</b> <u>918 Brooklyn K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

~~no 3925~~  
no 4751

**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed J. Virgil Herrick  
Licensed Embalmer No. 3599

P. O. Address J. C. M.

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.