

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 2120

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. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-10-42-5-26-42  
(Specify whether years, months or days) 18 years

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. 911 Michigan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LILLARD STEVENSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kittie Stevenson 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased June 27 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>29</u>	br. _____ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Andrew Stevenson  
13. Birthplace Liberty Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy White  
15. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 5 31 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Adrian Bys.

(b) Address 2000 E. 12th St. K. C. Mo.

19. (a) May 30 1942 (b) Dr. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1942 hour 4 minute 55 a. m.

21. I hereby certify that I attended the deceased from May 10 1942 to May 26 1942  
that I last saw him alive on May 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration \_\_\_\_\_

Due to Hypertensive type heart disease with decompensation

Due to \_\_\_\_\_

Other conditions 93 D  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signatures Dr. M. Brown (M. D. or other) \_\_\_\_\_  
Address Gen. Hosp. #2-600 E. 12th Date signed 5-27-42

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

48  
30

HP

361

**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 *Edw. Stevens*.....  
Licensed Embalmer No..... *2876*  
P.O. Address.....

**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.**