No. 2
4-13-40
5-17-39
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41870

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1314

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 North 16th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 120 North 16th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Leander Covington Stephenson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased September (Month) 15 (Day) 1862 (Year)
8. AGE: Years 78 Months 3 Days 0 If less than one day hr. min.
9. Birthplace Lebanon (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business Coffee
MOTHER FATHER
12. Name Joseph R. Stephenson
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant L. Earl Stephenson
(b) Address 120 North 16th St., St. Joseph,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Mo
19. (a) Dec 16 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1940 hour 9 minute 18 a. M.
21. I hereby certify that I attended the deceased from Dec 13, 1940, to Dec 13, 1940; that I last saw him alive on Dec 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis Chr. Senility	
Major findings: Of operations	
Of autopsy No	

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 (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] ST. JOSEPH Date signed 12/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 Oby J Lester

Licensed Embalmer No. 4154

P. O. Address St. Joseph Mo

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

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