

FILED MAR 20 1941

Registration District No. 2

Primary Registration District No. 286

1. PLACE OF DEATH:

(a) County ANDREW
(b) City or town BOLCKROW RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIVE YEARS Plate
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community FIVE YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2
(c) City or town Bolckrow Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME FREDERICK LEROY STEPHENS

3. (b) If veteran, name war _____ 3. (c) Social Security No. N.G.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife GENEMIA STEPHENS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 26 - 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace FILLMORE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name ROBERT STEPHENS
13. Birthplace FILLMORE MO
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH COLE
15. Birthplace FILLMORE MO
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Stephens
(b) Address Barnard Mo

17. (a) FILLMORE (b) Date thereof 2-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FILLMORE mo

18. (a) Signature of funeral director Frank Turbun
(b) Address Savannah

19. (a) 1969 1941 (b) Mrs E C Goffner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 6 day 6
year 1941 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 6
1941 to Feb 6 1941;

that I last saw him alive on Feb 6 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound in head

Due to Suicide

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Feb 6 - 41

(c) Where did injury occur? Feb 6 - 41
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Wilson (M. D. or other) 0

Address Residence Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Fred Terhune*

Licensed Embalmer No. *1279*

P. O. Address *Savannah*

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.