

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24686

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 207

1. PLACE OF DEATH: *Callaway*
(a) County *Fulton*
(b) City or town *Fulton*
(c) Name of hospital or institution: *State Hospital no 1*
(If not in hospital or institution, write street number or location) *2*
(d) Length of stay: In hospital or institution *2 yrs 6 mo 30 days*
In this community *2 yrs 6 mo 30 days*
years, months or days

2. USUAL RESIDENCE OF DECEASED: *014*
(a) State *Mo* (b) County *Randolph*
(c) City or town *near Moberly*
(If outside city or town limits, state "RURAL")
(d) Street No. *R.F.D. 4*
(If rural, give location)
(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *LUTHER-STEPHENSON*

3. (b) If veteran, name war _____ 3. (c) Social Security No. *DK*

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Single*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *June 17 1886*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 1 12 hr. _____ min.

9. Birthplace *Mo* (City, town, or county) (State or foreign country) *0*

10. Usual occupation *Farmer*

11. Industry or business _____

MOTHER FATHER { 12. Name *James Stephenson*

13. Birthplace *Kentucky* (City, town, or county) (State or foreign country) *1*

14. Maiden name *Nancy Howard*

15. Birthplace *Kentucky* (City, town, or county) (State or foreign country) *1*

16. (a) Informant *Records*

(b) Address _____

17. (a) *Burial* (b) Date thereof *July-31-41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Fairview Randolph Co*

18. (a) Signature of funeral director *James Funeral Home*

(b) Address *Moberly Mo*

19. (a) *7/29/41* (b) *B. N. Crews*
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *29*
year *1941* hour *5* minute *30 P.* M.

21. I hereby certify that I attended the deceased from *July 1st*
_____, 19*41*, to *July 29* 19*41*.
that I last saw him alive on *July 29* 19*41*
and that death occurred on the date and hour stated above.

Immediate cause of death *Tuber pneumonia*

Due to *heat prostration*

Due to *chronic myocarditis*

Other conditions *Schizophrenia - paranoid*
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____

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

23. Signature *Joseph Imperatore* (M. D. or other) *(M.D.)*

Address *State Hospital Fulton* Date signed *July 29-41*

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 P. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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

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