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-39  
26390

FILED OCT 10 1941

Registration District No. **180**

Primary Registration District No. **3011**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Excelsior Springs Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**no 706 Summit St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no** (Specify whether  
In this community **6 yrs 5 mo**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay 24**  
(c) City or town **Excelsior Springs**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **706 Summit St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **ELIZA ALICE STEPHENS**

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

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

6. (b) Name of husband or wife **Andrew J. Stephens** 6. (c) Age of husband or wife if alive, **Dead** years

7. Birth date of deceased **Isbach 31-1862**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **6** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Gabriel Catchard**

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

14. Maiden name **Margaret A. Smith**

15. Birthplace **Clay Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lawrence B. Jarline**

(b) Address **706 Summit St**

17. (a) **Burial** (b) Date thereof **Sept 8-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Mo**

18. (a) Signature of funeral director **Excelsior Springs Mo**

(b) Address **Excelsior Springs Mo**

19. (a) **Sept 8-41** (b) **no**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**  
year **1941** hour **13** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov 1**  
**1940**, to **Sept-7** 1941  
that I last saw her alive on **Sept-6** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Uremia** Duration **8 Day**

Due to **Chronic Interstitial Nephritis**

Due to **General Arterial Sclerosis**

Other conditions **age 79 yrs**  
(Include pregnancy within 5 months of death)

Major findings: Of operations **None made**

Of autopsy **None made**  
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) **None**

(b) Date of occurrence **Sept 7 1941**

(c) Where did injury occur? **at home**  
(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) **at home**

While at work? **at home** Means of injury **at home**

23. Signature **John F. Grace** (M. D. or other) **M.D.**

Address **Excelsior Springs Mo** Date signed **9/8/41**

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

FILED  
District Health Officer No. 8,  
File Number  
10-9-41

**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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**