

FILLED NOV 10 1941
10-5941

Primary Registration District No. **5055**

Registrar's No. **5155 24**

1. PLACE OF DEATH:

(a) County Callaway Co.
(b) City or town Portland, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Stephenson.

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

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
About 98 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Willis Wade.

13. Birthplace Montgomery Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Merv Stephenson.

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

16. (a) Informant Arizona Thomas.
(b) Address Americus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2nd 1941
(Month) (Day) (Year)

(c) Place; burial or cremation Portland, Mo.

18. (a) Signature of funeral director Barney Butler
(b) Address Americus, Mo.

19. (a) (Date received local registrar) (b) 11/11 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural (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. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 31 day 1940
year 1941 hour 7:15 PM minute M.

21. I hereby certify that I attended the deceased from November 28
On Oct. 22, 1940 to Feb. 10, 1941

that I last saw her alive on Nov 5, 1940

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

Immediate cause of death Skin cancer

Due to Senility

Due to

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 A. J. Bridges (M. D. or other)

Address Portland, Mo. Date signed 11/11/41

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
D. B. Baker, Registered Apprentice No. _____
working under my personal supervision.

Signed

D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

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.

Registration District No. 105

Primary Registration District No. 5155

Registrar's No. _____

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

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Stephenson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
(If less than one day, in min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Arizona Thomas

(b) Address Americus, Mo.

17. (a) Burial (b) Date thereof 11-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov. 1-41 (b) W. H. Williamson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

