

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS **FILED NOV 21 1941**  
MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **34864**

Registration District No. **3020**

Primary Registration District No. **6231**

Registrar's No. **2**

**1. PLACE OF DEATH:**  
 (a) County **GASCONADE**  
 (b) City or town **BLAND MO**  
 (c) Name of hospital or institution: **none**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
 In this community **40 yrs**  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **Gasconade**  
 (c) City or town **Bland 37**  
 (d) Street No. **Rural 0**  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** **HENRY STEPHAN**  
 3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct** day **28**  
 year **1941** hour **9** minutes **0** M.

**4. Sex** **male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **married**  
**6. (b) Name of husband or wife** **Evelena G. Stephan** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Sep 17 76**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Oct 21**  
 19**41**, to **Oct 28**, 19**41**  
 that I last saw **him** alive on **Oct 31**, 19**41**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **67** Months **1** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Asphyxia**  
 Due to **Tectoris**  
 Due to \_\_\_\_\_

**9. Birthplace** **Hollars MO 12**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Wagon maker**

Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **948**

**11. Industry or business**  
**12. Name** **Albert Stephan & Germanys**  
**13. Birthplace** **Germany**  
**14. Maiden name** **Stephan**  
**15. Birthplace** **Germany**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs Albert Lozsch**  
**(b) Address** **Bland MO**  
**17. (a) (Burial, cremation, or removal)** **Union** **(b) Date thereof** **Oct 30 1941**  
**(c) Place: burial or cremation** **Mr Bland MO**  
**18. (a) Signature of funeral director** **W.F. Gettenstrater**  
**(b) Address** **Owensville MO**  
**19. (a) (Date received local registrar)** **Oct 29 1941** **(b) (Registrar's signature)** **Alice Koch**

**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** **CA Burgh** (M. D. or other) \_\_\_\_\_  
**Address** **Bland MO** **Date signed** \_\_\_\_\_

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

7  
0  
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**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 me

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

Signed W.F. Gettemeister

Licensed Embalmer No. 1444

P. O. Address Owensville 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, above space should be left blank.**