

FILED JAN -6 1942
Registration District No. 255

Primary Registration District No. 43-88 5879

76000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Osage Rural

(b) City or town Benton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Benton Township Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes no)
If yes, name country _____

3. (a) PRINT FULL NAME Carl L. Stephan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 10 1941 to Dec 9 1942
that I last saw him alive on Nov 9-1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmine Stephan 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan 17 1863
(Month) (Day) (Year)

Immediate cause of death Gastric carcinoma

Due to _____

Due to 46 hr

8. AGE: Years Months Days If less than one day

79 10 23 6 hr 45 min.

Other conditions (Include pregnancy within 3 months of death) at B. Clark D.D.M.A.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Michel Stephan

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

14. Maiden name Henriette Gawa

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

16. (a) Informant Miss Martha Stephan

(b) Address Chamois, Mo Rural

17. (a) _____ (b) Date thereof Dec 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Creek Cemetery

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? _____

18. (a) Signature of funeral director Otto J. Stocksiep

(b) Address Chamois, Mo

19. (a) Dec 12 1942 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

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

23. Signature A B Clark D.D.M.A. (M. D. or other)

Address Chamois, Mo Date signed 12-9-42

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..... *Otto T. Stocksick*.....
Licensed Embalmer No. *1902*.....
P. O. Address *Chamois, 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.