

FILED

CERTIFICATE OF DEATH

State File No.

1505

Registration District No. 32

Primary Registration District No. 5114

Registrar's No. 1505

1. PLACE OF DEATH:

(a) County Ballinger

(b) City or town Rural Wayne  
(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 years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1505 9

(a) State mo (b) County Ballinger

(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET H. STEPP

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 42 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1942 to Sept 7 1942  
that I last saw him alive on Sept 7 1942  
and that death occurred on the date and hour stated above.

4. 71 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Stepp 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 10 1874  
(Month) (Day) (Year)

Immediate cause of death Heart Block

Due to Endo & Myocarditis Chronic

Due to Hypertension +

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace North Carolina (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business Home work

MOTHER FATHER

12. Name Wiley Perry

13. Birthplace un known (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name un known

15. Birthplace un known (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy 928

16. (a) Informant Henry Stepp

(b) Address Rural Under 1140

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? \_\_\_\_\_

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 9-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Green River Mo

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature E. O. Mastis (M. D. or other) Mo

Address Ashtonsville Mo Date signed \_\_\_\_\_

18. (a) Signature of funeral director Watkins Service

(b) Address Pexico Mo

19. (a) Jan 10 1943 (Date received local registrar) (b) Mrs Geneva Graham (Registrar's signature)

1063

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

RECEIVED

District Health Officer No. 4

District File Number 243-1698

Date Filed 2-6-43

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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.....

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

Signed B. J. Breckinger

Licensed Embalmer No. 7201

P. O. Address Depto, m

**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.**