

FILED JAN 21 1943

Registration District No. 128

Primary Registration District No. 5-2-28

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Lickery

(b) City or town Weaubleau Rural
(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 3 yrs. years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lickery

(c) City or town Weaubleau - 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. 0

3. (a) PRINT FULL NAME Ellie Belle Stephens

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 1 minute 00 M. a

4. Sex fm 5. Color of hair brn

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

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

7. Birth date of deceased March 2, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1941
19 to Dec 24 19 42
that I last saw h.c.a. alive on Dec 23 19 42
and that death occurred on the date and hour stated above.

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

73 9 22 hr. min.

Immediate cause of death Heart failure

Due to Chronic Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) 930

10. Usual occupation Wife

11. Industry or business

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

12. Name Wm Merrew

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

14. Maiden name Reed

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

16. (a) Informant Mrs Ruth Adleracht

(b) Address Weaubleau Mo

17. (a) burial (b) Date thereof 12/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Cemetery

18. (a) Signature of funeral director J R Lintley

(b) Address Weaubleau Mo

19. (a) Jan 1 - 43 (b) Mary F Carleton
(Date received local registrar) (Registrar's signature)

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 J. R. Egerton (M. D. or other) H.P.O.

Address Weaubleau Mo Date signed Dec 29

Jan 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1398

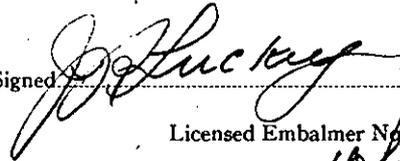
Date Filed 1-12-43

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



Licensed Embalmer No. 12982

P. O. Address Wheatland MD

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.