

FILED FEB 9 1944
Registration District No. 537

Primary Registration District No. 6146

State File No. _____
Registrar's No. 14

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Leonard, (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)

In this community 16 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Stephan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Elizabeth Stang

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March - 17 - 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Anthony Stephan

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

14. Maiden name uk

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

16. (a) Informant Mrs Chester Coff

(b) Address Knox City, Missouri

17. (a) Burial (b) Date thereof Jan - 30 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville - Edina, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri

19. (a) Feb 3 1944 (b) Mary G. Parks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KNOX

(c) City or town Knox City
(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 Jan day 26
year 1944 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 25 1944 to January 26 1944
that I last saw him alive on January 26 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Apoplexy Duration 2 Days

Due to Arteriosclerotic cardio-renal disease

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

1312

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____
Means of injury _____

23. Signature AD Wright (M. D. or other) DO
Address Lioning, Mo Date signed 2-1-44

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

2002

1092

RECEIVED

District Health Officer No. 10

District File Number 2-44-382

Date Filed FEB 8 1944

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..... *Keith Hudson.*.....

Licensed Embalmer No. 2415.....

P. O. Address Edina, Missouri.....

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.