

FILED JUN 24 1946

Registration District No. **73**

Primary Registration District No. **4133**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Clay**
 (b) City or town **Kearney**
 (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 _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME:

Lucinda Stephens

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **June 1871**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **awa Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Allen**

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

14. Maiden name **Don't know**

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

16. (a) Informant **Raymond Stephens**

(b) Address **Plattsburg Mo**

17. (a) **Burial** (b) Date thereof **June 16-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cem**

18. (a) Signature of funeral director **Leonard Fry**

(b) Address **Kearney Mo**

19. (a) **June 15, 1946** (b) **Minnie Hayes**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay** **24**
 (c) City or town **Kearney** **0**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14th**
 year **1946** hour **11** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Nov. 1945** to **June 14th 1946**
 that I last saw her alive on **May 15, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left cheek** **18 months**
 Duration

Due to _____

Due to _____

Other conditions **53**
 (Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (e) Means of injury _____

23. Signature **N.R. Schuhmacher** (M. D. or other) **M.D.**
 Address **Liberty Mo** Date signed **6-15-46**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-19-46

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.