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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23398

State File No.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 70

1. PLACE OF DEATH:

(a) County HARRISON
(b) City or town BETHANY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BETHANY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 41
(c) City or town ✓ 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LARAVINE FAYE STEPHENSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ~~MARRIED~~ S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 6 (Month) 3 (Day) 1946 (Year)

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

9. Birthplace BETHANY (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business ✓
FATHER
12. Name ROY STEPHENSON
13. Birthplace GRANT CITY (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name LORENA GRANT
15. Birthplace CORRECTIONVILLE, IOWA (City, town, or county) (State or foreign country)
16. (a) Informant Roy Stephenson
(b) Address Gilman City Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/5/1946 (Month) (Day) (Year)
(c) Place: burial or cremation GILMAN CITY, Mo.
18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany, Mo.
19. (a) 6-12-46 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day June 4
year 1946 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from June 3, 1946, to June 4, 1946;
that I last saw her alive on June 4, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature —	1 month
Due to Placenta marginal —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. F. Bryan Jr. (M. D. ~~or other~~)
Address Bethany Mo. Date signed 6/11/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.