

1. PLACE OF DEATH

(a) County **Clatsop**  
(b) City or town **Storhewer**  
(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

**Carl O. Stephens**

3. (b) If veteran

name war **World War #1**, No. **703-01-1335**

3. (c) Social Security

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased **May - 17 - 1896**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **2** Days **19** If less than one day  
hr. min.

9. Birthplace **Ipava Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Conductor**

11. Industry or business **Wabash R.R.**

12. Name **Henry Stephens**

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

14. Maiden name **Ingman**

15. Birthplace **Berthelotte Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gladys M. McCrory**

(b) Address **501 S. 3rd St. Kansas City, Mo.**

17. (a) **Burial** (b) Date of death **Aug - 8 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Kansas City, Mo.**

18. (a) Signature of funeral director **Snow Funeral Home**

(b) Address **Indeburg Mo.**

19. **Aug 13 - 1946** (b) **Amos W. Webster**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Randolph**  
(c) City or town **Marion**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **812 Franklin St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **5** year **1946** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 5** to **Aug 5**, 19 **46**.  
that I last saw **him** alive on **Aug 5 - 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

Of autopsy \_\_\_\_\_

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 **E. J. Simpson** (M. D. or other)

Address **St. Louis Mo** Date signed **8/13/46**

MAY 9 1959

AUG 30 1946

DISTRICT HEALTH OFFICE  
Cameron, Mo.

APR 4 1947

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

*Harry H. Phillips*

Licensed Embalmer No.

1898

P. O. Address

*Stamberg*

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.