S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36077

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 282

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution sixty-seven days (Specify whether years, months or days)

In this community 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2 (If outside city or town limits, write "RURAL")

(d) Street No. 716 Maryland Avenue 4 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stepp, Carl Fletcher

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Stepp, Carmen Lunde

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased December (Month) 27 (Day) 1914 (Year)

8. AGE: Years 31 Months 10 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Chillicothe, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Student

11. Industry or business

FATHER
12. Name W. R. Stepp 0
13. Birthplace x (City, town, or county) x (State or foreign country) 1

MOTHER
14. Maiden name Hattie (?) Stepp
15. Birthplace x (City, town, or county) x (State or foreign country) 4

16. (a) Informant Carmen Lunde Stepp

(b) Address Columbia, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-20-46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 11-19-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1946 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from September 12, 1946, to November 18, 1946; that I last saw him alive on November 18, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Lymphatic Leukemia	5 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 74A

Of autopsy Splenomegaly, hemorrhage into lung.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Lewis P. Sugarbaker (M. D. or other)

Address State Cancer Hosp Date signed 11/18/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-26-46
JAN 24 1947

DEC 18 1946

DEC 4 1946

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 W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.