

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution: none
In this community 20yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. 516, N. Holden
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Lydia Francis Stephenson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Stephenson 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Nov. 22, 1868

8. AGE: 79 Years 3 Months 16 Days

9. Birthplace Kokoma, Indiana

10. Usual occupation House wife

11. Industry or business

12. Name Phillip Varner

13. Birthplace unknown, unknown

14. Maiden name
15. Birthplace Kokoma, Ind.

16. (a) Informant J. W. Stephenson

(b) Address Warrensburg, MO.

17. (a) burial (b) Date thereof 5/10/48

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, MO.

19. (a) Date received local registrar May 15 1948 (b) Registrar's signature Savannah Phillips

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 1947 to May 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 15 min
Due to coronary occlusion 30 min
Due to Hypertension 10 yrs
Other conditions Permeous anemia 5 yrs

Major findings: Of operations
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
Signature Reed Mason (M. D. or other) M.D.
Address Warrensburg, Mo Date signed May 10

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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 J. Earl Priest
Licensed Embalmer No. 38-78
P. O. Address Warrensburg 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.