

Registration District No. 149

Primary Registration District No. 1202

1. PLACE OF DEATH:

(a) County JACOBSON  
(b) City or town HANSAAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1424 FOREST AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 5 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACOBSON  
(c) City or town HANSAAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4406 MAIN ST.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ERSHINE STEPHENSON

3. (b) If veteran, name war No.  
3. (c) Social Security No. 499-26-8184

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife DOROTHY STEPHENSON  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased JULY 12, 1908  
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 16  
If less than one day hr. min.

9. Birthplace SALINE CO, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business APT. HOUSE

12. Name HENRY STEPHENSON

13. Birthplace SALINE CO, MO.  
(City, town, or county) (State or foreign country)

14. Maiden name SUSIE HUGHES

15. Birthplace SALINE CO, MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant DOROTHY STEPHENSON

(b) Address 4406 MAIN ST.

17. (a) Removal (b) Date thereof 7/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIAMI, MO.

18. (a) Signature of funeral director Lela Davis

(b) Address 1513 TROOST AVE

19. (a) 7-1-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28  
year 1948 hour 6 minute 45 AM

21. I hereby certify that I attended the deceased from  
Deputy Coroner  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Gunshot wound  
7 Head  
Due to Suicide  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 164c  
Of operations  
Of autopsy: No Permit

Duration

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) Suicide

(b) Date of occurrence 6-28-48

(c) Where did injury occur? N.E. Jackson - Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home - 1424 Forest Ave.  
(Specify type of place)

While at work? (e) Means of injury Gunshot

23. Signature (M. D. or other)

Address 2636 - Brooklyn Date signed

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

MOTHER FATHER

AUG 13 1956

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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 *John Davis*

Licensed Embalmer No. 4417

P. O. Address R. C., 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.**