

FILED DEC 27 1948

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Methodist Hosp. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
In this community **6 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Caldwell**  
(c) City or town **Kingston Mo. Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **no** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Elsie Stephenson Bebout**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **2**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Not given** 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **July 11 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **10** If less than one day hr. min.

9. Birthplace **Croff Creek PA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Craig T Bebout**

13. Birthplace **Croff Creek PA**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET JANE WILSON**

15. Birthplace **Croff Creek PA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Gentry**  
(b) Address **Kingston, Mo.**

17. (a) **Burial** (b) Date thereof **12-24-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kingston, Mo.**

18. (a) Signature of funeral director **Clarence Clark**  
(b) Address **Kingston, Mo.**

19. (a) **12-21-48** (b) **E. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **21**  
year **1948** hour **1:30** minute **AM** M.

21. I hereby certify that I attended the deceased from **Dec 15, 1948** 19 to **Dec 21, 1948** 19;  
that I last saw him alive on **Dec 20, 1948** 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Central hemorrhage** Duration **4 hr.**

Due to **Arteriosclerosis** **7 years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g30**  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other) **MD**  
Address **420 W. 2nd** Date signed **12-24-48**

MOTHER FATHER

**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..... *Cramu Clark* .....

Licensed Embalmer No. *3257*

P. O. Address *Kingston, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**