

Registration District No. 9008 JUL 15 1940 Primary Registration District No. 45-1-96-2-31

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town 4 1/2 S of Mt. Zion  
(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 20  
(Specify whether  
In this community 2 1/2  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town 4 1/2 S of Mt. Zion  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April Day 12  
year 1940 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 1  
1939 to April 12 1940  
that I last saw him alive on April 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage  
of Brain

Due to \_\_\_\_\_  
Due to arterial sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
821 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. E. Young (M. D. or other) \_\_\_\_\_  
Address 265 Wood Date signed \_\_\_\_\_

8. (a) PRINT FULL NAME Nathaniel Patton Stephens

3. (b) If veteran, name war D. K. 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Susan Parker 7. Birth date of deceased May 17 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Van Buren, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George P. Stephens

18. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Finnan

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Stephens

(b) Address 1201 W. Walnut

17. (a) Burial (b) Date thereof April 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gene Star

18. (a) Signature of funeral director Geo Stephens

(b) Address 1201 W. Walnut

19. (a) 6-8-40 (b) Bernice Montgomery  
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number 640-1464

Date Filed \_\_\_\_\_

JUN 26 1940

---

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

*George Stapp*

Licensed Embalmer No. 3161

P. O. Address *1111 1st Ave N*

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

**If this body is not embalmed, above space should be left blank.**