

No. 2
-13-40
-17-39
X23159

State File No. _____

REC JAN 17 1941

Registration District No. 417

Primary Registration District No. 5021

Registrar's No. 133

1. PLACE OF DEATH:

(a) County. Jasper

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

(c) Name of hospital or institution:
16 1/2 Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community. 69 years
years, months or days

3. (a) PRINT FULL NAME. Tom Stepp

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

4. Sex. Male 5. Color or race. W. 6. (a) ~~Single~~ Married, 61 years.

6. (b) Name of husband or wife. Mrs. Viola Stepp 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. October 18, 1871
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>69</u> | <u>1</u> | <u>18</u> | hr. _____ min. _____ |

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

10. Usual occupation. Used Car Dealer

11. Industry or business. 1

12. Name. Thomas H. Stepp

13. Birthplace. no data N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name. Matildia Cornett

15. Birthplace. No data no data
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Viola Stepp

(b) Address. Webb City, Mo.

17. (a) Burial (b) Date thereof. 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Memorial

18. (a) Signature of funeral director. Hedger Nelson

(b) Address. Webb City, Mo.

19. (a) DEC. 9. 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper

(c) City or town. Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 16 1/2 Main Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 6, 1940 to Dec. 6, 1940 that I last saw him alive on Dec. 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy

Due to. Cardio-Vascular-Renal disease

Due to _____

Other conditions. 181
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) no

(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? _____

377 While at work? _____
(Specify type of place) (a) Means of injury

23. Signature. [Signature] (b) D. or other. Dr.
Address Webb City, Mo Date signed 12-9-40

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

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

E. W. Hedge

Registered Apprentice No.

working under my personal supervision.

Signed

E. W. Hedge

Licensed Embalmer No. *2859*

P. O. Address. *Webb City 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.