

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

1. PLACE OF DEATH: Pettis
(a) County
(b) City or town Sedalia
(c) Name of hospital or institution: 710 E 3rd St Sedalia
(d) Length of stay: In hospital or institution 1
In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(d) Street No. 710 E 3rd St 4
(e) If foreign born, how long in U. S. A. 0 1 years.

3. (a) PRINT FULL NAME William C. Stephens
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Stephens
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Feb 2 1860
(Month) (Day) (Year)

8. AGE: Years 81
Months
Days
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Isaac Stephens

13. Birthplace Miller Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas D. Stephens

(b) Address Fulton Mo R.R. 6

17. (a) Burial (b) Date thereof Jan 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Medaughlin Bros

(b) Address Sedalia Mo

19. (a) 1-27-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day unknown
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from view
body after death to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death coronary embolism

Due to Sclerosis 9/4

Due to Scurvy

Other conditions body found dead
(Include pregnancy within 3 months of death)
several days after death

Major findings:
Of operations

Of autopsy Sclerosis of coronary + dilatation of heart

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?

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

23. Signature W. I. Bishop Coroner (M. D. or other)

Address Sedalia Mo Date signed 1-18-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

REC'D

RECEIVED
District Health Officer No. 8,
Date Recd
File Number
75-01-6

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.....

Licensed Embalmer No.....

P. O. Address.....

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.