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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24829

FILED AUG 7 1943

Registration District No. 299

Primary Registration District No. 5-37-7-4169

Registrar's No. 174

1. PLACE OF DEATH:

(a) County DeKalb County

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb <sup>32</sup>

(c) City or town Osborn <sup>7</sup>  
(If outside city or town limits, write "RURAL") Rural

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Fannie Stephens

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased October 4 1868  
(Month) (Day) (Year)

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

74 8 2 hr. min.

9. Birthplace Estel County Kentucky <sup>1</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business none

12. Name Fannie Stephens

13. Birthplace Estel County Ky <sup>1</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Reuben

15. Birthplace Estel County Ky <sup>1</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George M. Wagoner MD

(b) Address Osborn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Osborn Cemetery Osborn

18. (a) Signature of funeral director J. E. Wagoner

(b) Address Stewartville, Mo.

19. (a) June 2-1943 (Date received local registrar) (b) C. M. Dingley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 43 hour 12<sup>5</sup> minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 10  
1941, to June 6, 1943  
that I last saw her alive on June 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duodenum <sup>4 mo</sup>

Due to.....

Due to.....

Other conditions Chronic Myocarditis 3 yrs.  
(Include pregnancy within 3 months of death)

Duration

4 mo

Major findings:  
Of operations.....  
Of autopsy H6C

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) (c) Means of injury.....

23. Signature Dr. R. R. Reynolds (M.D. or other) <sup>DO</sup>  
Address Osborn, Mo. Date signed 6/6/43

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

MOTHER FATHER

*Embalmed*

*1952*

**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.

*F. G. Lyon*

*952*

*Clintonville Mo*