DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14453

State File No. —

FILED MAY 5 1944

Registration District No. 5 1944

Primary Registration District No. 3012

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 844 Kennedy (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 55 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")

(d) Street No. 844 Kennedy (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LEONA DELIA STEPHENS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eli J. Ely Stephens

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May (Month) 6 (Day) 1888 (Year)

8. AGE: Years 55 Months 11 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Caldwell Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Samuel Henry Bales
13. Birthplace Ray Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Pliney Lane
15. Birthplace Caldwell Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant J. E. Stephens

(b) Address 844 Kennedy, Ex. Sp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 4-24-44 (Date received local registrar) Miss Sadie Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 21st day year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 20th 1944 to Apr 21 1944 that I last saw her alive on April 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary disease

Due to Obesity + arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lerton Dawson (M. D. or other)

Address Excelsior Springs Mo Date signed 4-22-44

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-4-47

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 Chas. Virgil Hope

Licensed Embalmer No. 3958

P. O. Address Excelsior Springs

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, fact should be so stated above.