

V. S. No. 2
FORM—8-43
Rev. 5-17-39
1 X37823

FILED JUL 24 1944

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 742

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3005 Charles /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Ella Stephens

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Robert L. Stephens 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased. February 14 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 3 hr. min.

9. Birthplace Lowell Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Francis Hastings

13. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Howard

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

16. (a) Informant Mrs. Della M. Haskins

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 7/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (c) Signature of funeral director Helen Beble & Coe

(b) Address 319 South 10th

19. (a) 7/19/44 (b) Helen Beble
(Date received local registrar) (Registrar's signature)

1577

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 Charles /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1944 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from Oct. 1943
to July 17 1944

that I last saw her alive on July 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 3 hrs

Due to chronic myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. M. Ingham M. D. or other _____

Address Kirkpatrick Date signed 7/19/44

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

Heaton Register

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

Frank A. Berumen

Licensed Embalmer No. _____

1710

P.O. Address _____

St. Joseph 7th

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.