

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **37824**

FILED DEC 13 1945
184

Registration District No. **184** Primary Registration District No. **3038** Registrar's No. **609**

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Linneus
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kathleen Stephenson
3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 26th.
year 1945 hour 7:30 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXXXXXXX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased September 25 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 P
11-23, 1945, to 11-26, 1945
that I last saw her alive on 11-26, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
29 2 1 hr. min.

Immediate cause of death Coronary embolism Duration 4 hrs
Due to Cerebral section 68 hrs
(third cerebral) in
Due to labor 72 hrs
Other conditions (Include pregnancy within 3 months of death) 1470

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home

Major findings: uterine wall thin &
many functional adhesion
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name G. W. Stephenson
13. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elpha Foster
15. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Stephenson
(b) Address Linneus, Missouri
17. (a) Burial (b) Date thereof 11/28/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knifong Grove Cem.

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? _____

18. (a) Signature of funeral director Thorne Undertaking Co.
(b) Address Linneus, Mo.
19. (a) 11/28/45 (b) Evelyn Kelley, Deputy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury Q
23. Signature Brookfield Mo (M. D. or other)
Address _____ Date signed 11/28

1945

RECEIVED
District Health Officer No. 117
District File Number
Date Filed

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..... *Dwight A. Jaynes*

Licensed Embalmer No..... 3761

P. O. Address..... Linneus, Missouri

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.