

S. No. 2  
M-5-42  
v. 5-17-39  
X32673

2192

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED FEB 11 1946**

Primary Registration District No. 1000

Registrar's No. 79

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: Leon Nursing Home 624 Prospect  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 45 days  
(Specify whether years, months or days)

In this community 13 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Elizabeth Stephenson

(b) If veteran, name war none

(c) Social Security No. none

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife John Stephenson

6. (c) Age of husband or wife if alive years 1864

7. Birth date of deceased January  
(Month) (Day) (Year)

8. AGE:

|       |        |      |                      |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 81    | 11     | 20   | hr. min.             |

9. Birthplace Charleston West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John Ball

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

14. Maiden name Martha (Unknown)

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

16. (a) Informant Mrs. Alvin Greiner

(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 22 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) Jan. 23 1946 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20  
1946 to Jan 22, 1946  
that I last saw h. er alive on Jan 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 2 days

Due to Arteriosclerosis

Due to Hypertension

Other conditions Sanditis  
(Include pregnancy within 3 months of death)

Major findings: g30

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Mapwell Day (M. D. or other)

Address 218 N 7th St Joseph Date signed 2-24-46

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

200

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**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..... *James H. Pettigrew* .....

Licensed Embalmer No. *3192* .....

P. O. Address..... *Oregon Mo.* .....

**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.**