

State File No. ....

Registrar's No. 6

FILED FEB 7 1946

Registration District No. 73

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Candler Liberty, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24  
(c) City or town Kearney 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

James H. Stephens

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 710

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Luthinda

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug (Month)

17 (Day) - 1864 (Year)

8. AGE: Years Months Days If less than one day  
81 5 4 hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

11. Industry or business General Merchandise

12. Name Edward Stephens

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

14. Maiden name Informant Don't know

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

16. (a) Informant A. H. Stephens

(b) Address Plat'sburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Obit

18. (a) Signature of funeral director Leonard J. J...

(b) Address Kearney Mo

19. (a) Jan 23 1946 (Date received local registrar) (b) Minnie Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1946 hour 10 minute 2 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1946 to Jan 21 1946  
that I last saw him alive on Jan 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 2 wks

Due to Exposure 3

Due to General debility 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 107

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 Arthur Malley (M. D. or other MD)  
Address Plat'sburg Mo Date signed 1-23-46

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

451

64

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-5-46

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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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Hearney 4MO

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.