

FILED OCT 28 1946

State File No. \_\_\_\_\_

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 17

1. PLACE OF DEATH:  
 (a) County Audrain  
 (b) City or town COSIQUETTE, "Rural"  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
11 miles South, 2 miles west  
 (If not in hospital or institution, write date, hour or place)  
 (d) Length of stay: in Hospital or Institution 2 months  
 Specify whether  
 In this community 2 Months  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State California (b) County 999  
 (c) City or town Huntington Park  
 (If outside city or town limits, write "RURAL") 1  
 (d) Street No. 2300 Nadeau 0  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 2  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Wallace Stephens  
 (b) If veteran, name war None  
 (c) Social Security No. 515-12-661

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 18  
 year 1946 hour 1:15 minute A.M.  
 21. I hereby certify that I attended the deceased from SEPT 17  
1946, to OCT 18 1946,  
 that I last saw him alive on OCT 10 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Myrtle Amanda Stephens  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 5 1884  
 (Month) (Day) (Year)

Immediate cause of death:  
Coronary Thrombosis 1 hr.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>13</u>	
				hr. min.

Due to Arterio-sclerosis 2 yrs.

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

Due to \_\_\_\_\_

Other conditions Hypertension 4 yrs.  
 (Include pregnancy within 3 months of death)

10. Usual occupation Carpenter  
 11. Industry or business Building  
 12. Name J. N. Stephens  
 13. Birthplace Columbia Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Belle Eckler  
 15. Birthplace New York  
 (City, town, or county) (State or foreign country)

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

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Leonard Foree  
 (b) Address Vandalia, Missouri  
 17. (a) Burial (b) Date thereof Oct 21, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ladonia, Missouri  
 18. (a) Signature of funeral director N. S. Stator  
Vandalia, Missouri  
 (b) Address \_\_\_\_\_  
 19. (a) Oct 20, 1946 (b) Mollie Fugua  
 (Date received local registrar) (Registrar's signature)

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 2.  
 23. Signature R. R. Marshall (M. D. or other) Do  
 Address Vandalia Mo Date signed Oct 19 1946

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

31460

OCT 31 1946

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RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1959  
Date Filed OCT 24 1946

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.