

S. No. 2
DM-5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946
Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37306
Registrar's No. 361

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
Rural Route No. Four
(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 ANNIE R. 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 Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 24th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 6 _____ hr. _____ min.

9. Birthplace — Pennsylvania
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

11. Industry or business _____
12. Name Frederick Seabolt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Sohn
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant C. R. Stephenson
(b) Address Route #4, Independence, Mo.
17. (a) burial (b) Date thereof Nov. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 11-2-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30th
year 1946 hour 7 minute 50 M.
21. I hereby certify that I attended the deceased from Oct 26 -
1946 to Oct 30 - 1946
that I last saw her alive on Oct 29 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 4 hr
Due to _____
Due to _____
Other conditions Trans trochanteric fracture
(Include pregnancy within 3 months of death)
Major findings: Left hip
Of operations Trans trochanteric fract
Left hip - plated
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Oct 26 - 1946
(c) Where did injury occur? Her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home
(Specify type of place)
While at work? _____ (e) Means of injury Slipped
23. Signature [Signature] (M. D. or other)
Address Independence, Mo. Date signed Oct 30/46

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MAR 26 1954

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..... *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.