

No. 2  
-12-45  
5-17-39  
I X47070

FILED SEP 22 1947  
42

State File No. \_\_\_\_\_  
Registrar's No. 1102

Registration District No. \_\_\_\_\_ Primary Registration District No. 1000

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:  
St. Josephs Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Daviess 3/  
(c) City or town: Gallatin /  
(If outside city or town limits, write "RURAL") 0  
(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 Roger Allen Stephens  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September 31  
year 1947 hour 9 minute 30 P. M.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 31 1947  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 31 Aug, 1947 to 3 Sept, 1947  
that I last saw him alive on 2 Sept, 1947; and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Asphyxia  
Due to congenital anomalies of heart  
Due to probably an intra ventricular septal defect.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Infant  
11. Industry or business \_\_\_\_\_  
12. Name Ben Stephens  
13. Birthplace Daviess Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Galpin  
15. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

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) Means of injury \_\_\_\_\_

16. (a) Informant Ben Stephens  
(b) Address Gallatin, Missouri  
17. (a) Burial (b) Date thereof 9-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gallatin, Mo.  
18. (a) Signature of funeral director Hope Funeral Home  
(b) Address Gallatin, Mo.  
19. (a) 9-15-47 (b) H. B. Jenkins  
(Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or \_\_\_\_\_)  
Address: Gallatin, Mo Date signed 6 Sept 47

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

MOTHER FATHER

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Was Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *L. O. Richman*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Gallatin, 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.**