

No. 2
2-45
39
K47070

FILED APR 21 1948

Registration District No. 12

Primary Registration District No. 3004

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD JOHN STEPHENS

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mable Turnbull Stephens 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 10 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Samuel Stephens

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

14. Maiden name Sarah Jones

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

16. (a) Informant Mrs. Mable Stephens

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Feb 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Feb 25 1948 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to He was found dead in bed about 11 PM, Feb 23 - 1948 -

Due to Had been dead 6 to 8 hours when found.

Other conditions (Include pregnancy within 3 months of death)

Major findings: He had not consulted a physician for about one year.

Of autopsy g40

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 Lo. E. Duckett (M. D. or other) MD

Address Lamar, Mo Date signed 2-24-48

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

RECEIVED

District Health Officer No. 6;

District File Number 448-439

Date Filed APR 20 1948

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.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed.....

Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address.....

Lamar, 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.