S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5291

State File No. 18972

Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty (Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200 E. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Clay 24
(c) City or town: Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 200 E. Home 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MRS. REBECCA STANHOPE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Fem.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: DR. L. E. Stanhope
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Jan (Month) 9 (Day) 1860 (Year)

8. AGE: Years 88 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: Walter Winter
13. Birthplace: Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah A. Penn
15. Birthplace: Va. (City, town, or county) (State or foreign country)
16. (a) Informant: J. E. Stanhope
(b) Address: Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Mo.
18. (a) Signature of funeral director: Elmer Brewer Co.
(b) Address: Liberty Mo.
19. (a) 7-9-1948 (Date received local registrar) (b) Marion Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour 6 minute 0 P.M.
21. I hereby certify that I attended the deceased from March 17, 1947 to July 8, 1948; that I last saw her alive on July 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	24 hrs.
Due to: Cerebral arterio-sclerosis	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: S. O. Schroeder (M. D. or other) M.D.
Address: Liberty, Mo. Date signed: 7/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-13-48

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 John Lonborg

Licensed Embalmer No. 4448

P. O. Address Liberty

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.