

REC'D JUL 15 1938 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21213  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Andrew Registration District No. 13  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4010 Registered No. \_\_\_\_\_  
 (c) City Savannah (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Dolph H. Stephens 315  
 (a) Residence, No. 707 West Pearl St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Stephens  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1897  
 7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.  
46 10 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telegraph  
 9. Industry or business in which work was done, as saw mill, bank, etc. operator  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938  
 22. I HEREBY CERTIFY that I attended deceased from Jan 1, 1938 to July 5, 1938  
 I last saw him alive on July 3, 1938 Death is said to have occurred on the date stated above, at 3:15 A. M.  
 The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 92A1  
Hypertension  
Myocarditis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davison Iowa  
 FATHER 13. NAME Edward T. Stephenson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind  
 MOTHER 15. MAIDEN NAME Emma H. Hatcher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind  
 17. INFORMANT (ADDRESS) Elsie Stephens 707 Pearl St Savannah  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE July 7, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) E. C. Brest Savannah  
 20. FILED July 7, 1938 W. A. R. Key (Address) Savannah  
 Local Registrar

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Walter C. Myer, M. D.  
 (Address) Savannah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

**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.)**