

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14642
Do not use this space.

1. PLACE OF DEATH
(a) County Liberty 2
(b) Township Liberty 1
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Andrew Jackson Stephens
(a) Residence, No. Chandler Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Stephens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as saw mill, bank, etc. County Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.
13. NAME Andrew Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Martha Jane Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (ADDRESS) Mr. A. J. Stephens
173 Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Mo DATE 4/24 39
19. FUNERAL DIRECTOR (ADDRESS) Church. Arthur Co
Liberty Mo.
20. FILED 4/24 1939 E T Brent
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23 - 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939 to Apr 23, 1939
I last saw him alive on Apr 23, 1939. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:
General arteriosclerosis
apoplexy
Other contributory causes of importance: g241
Date of onset 5 yrs
Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no
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? no
If so, specify (Signed) Burdow Malley M. D.
Liberty Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

I X12004

FILED
District Health Officer No. 8
FILED

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)