

Registration District No. **88**

Primary Registration District No. **5130**

Registrar's No. **36**

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Rural Precinct  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days  
8. (a) PRINT FULL NAME Bladys Eveline Stephens  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
6. (a) Name of husband or wife Henry Stephens 6. (b) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 23 1907  
(Month) (Day) (Year)

8. AGE: Years 32 3/4 Months 6 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Danishman Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Loren W. Wilder

13. Birthplace Unionville Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Adams

15. Birthplace Appanoose Co. Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nettie Wilder

(b) Address Charleston Mo.

17. (a) Burial (b) Date thereof Dec 10-39  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Cem.

18. (a) Signature of funeral director M. J. Naylor  
(b) Address Naylor Mo.

19. (a) 12-30-39 (b) C. D. Arentzfeldt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Butler  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 7  
year 1939 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1939, to Dec 7, 1939, that I last saw her alive on previous to her last sickness, and that death occurred on the date and hour stated above.

Immediate cause of death: fractures of tibiae due to great separation

Due to fractures of tibiae  
Due to fractures of tibiae

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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?

23. Signature W. J. Naylor (M. D. or other) 12/8/39  
Address Naylor Mo. Date signed \_\_\_\_\_

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 impor

**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 *R C Mc Card*.....

Licensed Embalmer No. *4079*.....

P. O. Address.....

**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, above space should be left blank.**



