

Registration District No. 164

Primary Registration District No. 5229

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar Benton Lewis
(b) City or town Jerico Spgs
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CEAR
(c) City or town JERICO SPGS
(If outside city or town limits, write "RURAL")
(d) Street No. PURAH
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME DORA BELL STEPHENS

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. B. Stephens 6. (c) Age of husband or wife if alive YES 85 years
7. Birth date of deceased JUNE - 1 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace DATION OHIO OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business House work

MOTHER FATHER { 12. Name JOHN-FOWLER
13. Birthplace PENN 1
(City, town, or county) (State or foreign country)
14. Maiden name JEMIMA DAVIS
15. Birthplace PENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dora Bell Stephens
(b) Address Jerico Spgs Mo

17. (a) burial (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CEAR @ 9 Drumpfield

18. (a) Signature of funeral director Opmateh...
(b) Address JERICO SPGS Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 11 - 1940
year _____ hour 5:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1938, 19 _____, to March 10, 1940; that I last saw her alive on March 10, 1940, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis with Insufficiency of all valves. ?

Due to _____
Due to 92 W
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? 155

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Bennett (M. D. or other) DO
Address Jerico Springs, Mo. Date signed 3/17/40

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

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

1 X1851

RECEIVED
District Health Officer No. 7,
District File Number 4-40-614
Date Filed 4-2-66

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 By me
Opmichee, Registered Apprentice No. 1908
working under my personal supervision.

Signed Opmichee
Licensed Embalmer No. 1908
P. O. Address Jerome Spz 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10602

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 164

Primary Registration District No. 2229

Registrar's No. 260

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Benton Jct
(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
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Bell Stephens

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

4. Sex 7
5. Color or race W
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-13-1940 (b) M. M. Hefner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Mar day 11 year 1940 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.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. G. Bennett (M. D. or other)

Address J. G. Bennett Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-10602