FILED AUG 23 1940

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

26411
Do not use this space.

1. PLACE OF DEATH
(a) County Saline 3 Registration District No. 796
(b) Township 0 Primary Registration District No. 3038 Registered No. 123
(c) City Marshall (d) Street No. Mo State School St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 5 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joan Elson Stephens
(a) Residence, No. Stewartsville Mo St.
(Usual place of abode, if no street address, write county or city) (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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1929

7. AGE: Years 11 Months 2 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. —
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) DeKalb Co Mo

FATHER
13. NAME Robert Dewey Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co Mo

MOTHER
15. MAIDEN NAME Gussie L. West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville Mo DeKalb Co Mo

17. INFORMANT School Record
(ADDRESS) Marshall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osborn Mo. DATE July 30, 1940

19. FUNERAL DIRECTOR (NAME) F. G. Gropp
(ADDRESS) Stewartsville Mo.

20. FILED 7-30, 1940 Mary Kent, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940, to July 29, 1940
Last saw h. alive on July 28, 1940 Death is said to have occurred on the date stated above, at 3:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None 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) C. J. McCormee, M. D.
(Address) Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-40

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville

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.