

No. 2  
-13-40  
-17-39  
X23159

**FILED DEC 10 1940**  
Registrar's No.

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County JASPER  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOHNS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 HOURS  
(Specify whether  
In this community 1  
years, months or days)

**FILED DEC 7 1940**

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1122 Jackson Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 24  
year 1940 hour 6 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 7:30 PM  
Nov. 24, 1940, to 6:45 PM Nov 24, 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Prematurity  
(6 months gestation)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME CHARLES G. STEPHENSON

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

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

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Nov. 24 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 3 hr. 15 min.

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

10. Usual occupation No

11. Industry or business No

12. Name CHARLES L. STEPHENSON

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

14. Maiden name EDNA V. BLOYD

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

16. (a) Informant Charles L. Stephenson

(b) Address 1122 Jackson - Joplin Mo.

17. (a) BURIAL (b) Date thereof 11-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK C.E.M.

18. (a) Signature of funeral director W. H. ...

(b) Address 212 Jackson St. - Joplin Mo

19. (a) 11-27-40 (b) W. H. ...  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No

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

23. Signature W. H. ... (M. D. or other) Med.

Address 671 Zieser Bldg Joplin Mo Date signed 11-26-40

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

9  
7  
5

40-12-627

**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.

*Baby was not embalmed*

Signed *Sam Sweeney Jr.*

Licensed Embalmer No. *4099*

P. O. Address *Johns Ms.*

**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, fact should be so stated above.**