

FILED MAY 20 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3008

Registrar's No. 718

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

4  
1  
2

1. PLACE OF DEATH: *Callaway*

(a) County *Callaway*

(b) City or town *Fulton*

(c) Name of hospital or institution: *State Hospital No 1*  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution *8 mo 18 d*  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME *James Stephens*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex *M* 2

5. Color or race *Col*

6. (a) Single, widowed, married, divorced *Widowed* 2

6. (b) Name of husband or wife *N/C*

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year) *1862*

8. AGE: Years *80* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation *Laborer*

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

MOTHER FATHER

12. Name *N/C*

13. Birthplace *N/C* *9*  
(City, town, or county) (State or foreign country)

14. Maiden name *N/C*

15. Birthplace *N/C* *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Reverend*

(b) Address \_\_\_\_\_

17. (a) *Removal* (b) Date thereof *4 3-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *St. Johns Cemetery Fulton Mo*

18. (a) Signature of funeral director *George W. Peerb*

(b) Address *1st Ave Fulton*

19. (a) *4-3 1942* (b) *Jesus Moravichoff*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *St Louis Co*

(c) City or town *Clayton*  
(If outside city or town limits, write "RURAL")

(d) Street No. *Elmwood Park*  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *A* day *3*  
year *1942* hour *12* minute *10 A* M.

21. I hereby certify that I attended the deceased from *Mar 30*, 1942, to *April 3*, 1942,  
that I last saw him alive on *April 2*, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death *Pneumonia and Arteriosclerosis*

Due to *Pneumonia*

Due to \_\_\_\_\_

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

Major findings: *97*

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 *TD*

23. Signature *George W. Peerb* (M. D. or other) *M. D.*

Address *Fulton Mo* Date signed *4/3/42*

**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

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

**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.**