

27045

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 15 1942

Registration District No. 100

Primary Registration District No. 5389-07

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Bunker.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 64 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent.

(c) City or town Bunker
(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.? 0 years.

3. (a) PRINT FULL NAME Mary Francis Stephens

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August. day 14
year 1942. hour 3. minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex F. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Jerome Stephens.

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

7. Birth date of deceased January 16, 1878
(Month) (Day) (Year)

that I last saw her alive on Aug. 13, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

8. AGE: Years 64. Months 6 Days 28
If less than one day hr. min.

Duration _____

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation House Keeper.

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER

12. Name Elajah Linville.

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

14. Maiden name Charity Benson.

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

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? _____

16. (a) Informant's own signature _____

(b) Address Bunker Mo.

While at work? _____
(Specify type of place)

(e) Means of injury C

17. (a) Burial (b) Date thereof 8-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

23. Signature L. L. Henson (M. D. or other) _____
Address Bunker, Mo. Date signed 8-15-42

18. (a) Signature of funeral director Hobart Henthaw

(b) Address Salem Mo.

19. (a) 8-15-42 (b) J. D. McLead by Henson
(Date received local registrar) (Registrar's signature)

WRITE 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number

942881

Date Filed

9-17-42

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

John H. Clark

Licensed Embalmer No.

42716

P. O. Address

Rolle, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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. 27045-
Registrar's No. 58

Registration District No. 100

Primary Registration District No. 556

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Bunker
(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)

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Francis Stephens
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 16 Year 1928 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I have seen him/her live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic nephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 16 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 2 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. L. Henson (M. D. or other) _____

Address Bunker, Mo. Date signed _____

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

SUPPLEMENTAL

MOTHER FATHER

S-27045