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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36871

Registration District No. FILED DEC 11 1942

Primary Registration District No. 5238

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jefferson-Rural
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20 0

(c) City or town Jefferson Township-Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. XX
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX 0

3. (a) PRINT FULL NAME Maud Lorena Stephenson

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J. F. Stephenson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. (Month) 11, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	17	XX hr. XX min.

9. Birthplace Scotland County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

FATHER
12. Name Daton Billup
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Stephenson
(b) Address Dunnegan, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Allder Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) 11-28-42 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day .....
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Oct, 1942, to Oct 3, 1942;
that I last saw her alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Uterus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 b

Major findings:
Of operations
Of autopsy

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

23. Signature Roscoe C Nevins (M. D. or other) M.D.
Address Humansville Mo Date signed 11-18-42

1248

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1313
Date Filed 12-8-42

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 Melvin Duncan

Licensed Embalmer No. 3272

P. O. Address Stockton

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, fact should be so stated above.

o. 2B
-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36871

Registration District No. 62 Primary Registration District No. 5238 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural
(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 No (b) County Cedar

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country USA

3. (a) PRINT FULL NAME Maud Lorena Stephenson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

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 years

7. Birth date of deceased Oct (Month) 11 (Day) 1888 (Year)

8. AGE: Years 58 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(b) 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 Pascoe C Newens (M. D. or other) MD

Address Humansville Mo Date signed 4-17-43

SUPPLEMENTARY

S-36871