

FEB 9 1943

Registration District No. **32**

Primary Registration District No. **5114**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County **Bellinger**
 (b) City or town **Rural Wayne**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **24 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Bellinger**
 (b) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (c) Street No. _____
(If rural, give location)
 (d) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **RUTH ADELINE STEPHENS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **James S. Stephens** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 13 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7	3	1 hr. min.

9. Birthplace **Columbus Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Andrew Payne**

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

14. Maiden name **Elizabeth Payne**

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

16. (a) Informant **Mrs. Virginia Patrick**

(b) Address **Desper, Illinois**

17. (a) **Burial** (b) Date thereof **Dec.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Hill Cemetery**

18. (a) Signature of funeral director **Clayton S. Morgan**

(b) Address **Advised No.**

19. (a) **Jan 5, 1943** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16**
 year **1942** hour **1** minute **P. M.**

21. I hereby certify that I attended the deceased from **August 31, 1942** to **Dec. 16, 1942**
 that I last saw her alive on **August 31, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Tuberculosis of both lungs Chronic**

Due to _____
 Due to _____
 Other conditions **13 1/2**
(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?

23. Signature **D. R. R. Smith** (M. D. or other) **D.O.**
 Address **Zalma, Mo.** Date signed _____

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

1063

RECEIVED

District Health Officer No. 4

District File Number 243-1699

Date Filed 2-6-43

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.....

Glenn S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed Glenn S. Morgan.....

Licensed Embalmer No. 3361.....

P. O. Address Advance, Mo......

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.