S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 10 1943

Registration District No. 1-9-183 Primary Registration District No. 6-298-5972 Registrar's No.

84 0 0

1. PLACE OF DEATH:

(a) County Hickory Polk

(b) City or town Flemington Township

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

(c) Name of hospital or institution: 0

(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Flemington

(If outside city or town limits, write "RURAL") 0

(d) Street No.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert Franklin Stephenson

3. (b) If veteran, name war None

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Stephenson

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
84	3	26	hr. min.

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

10. Usual occupation Retired Farmer.

11. Industry or business —

FATHER

12. Name Robert Stephenson

13. Birthplace Unknown (City, town, or county) N. Carolina (State or foreign country)

MOTHER

14. Maiden name Paulina Rountree

15. Birthplace Hickory Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant C. E. Stephenson

(b) Address Willard Clear Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. H. Simon

(b) Address Humansville, Mo.

19. (a) Apr. 30, 1943 (Date received local registrar) (b) Marlen Thayer (Registrar's signature)

1224

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Apr 23, 1943, to Apr 23, 1943, that I last saw h. alive on 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Was dead when I	
Due to arrived	
Due to Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 C

23. Signature Roscoe C. Neuns (M. D. or other) M.D.

Address Humansville Mo Date signed 4-24-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 4-43-157
Date Filed 5-5-43

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 by me, Registered Apprentice No. ....., working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.