

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18784

Registrar's No.

FILED JUN 11 1943

Registration District No. 6004 293 Primary Registration District No. 2931004

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural - Jewett Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mills Creek Neighborhood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Minnie Stephens

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rich Stephens 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased December 14 1916
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 10 If less than one day - hr. - min.

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

10. Usual occupation at home

11. Industry or business

12. Name Richard Maddox
13. Birthplace Huntington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Woodin
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Maddox
(b) Address 4873 Page, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Hydesburg Cemetery
18. (a) Signature of funeral director Ray B. Schwartz
(b) Address 1000 Edway, Hannibal, Mo.
19. (a) 4-27-43 (b) R. B. Berkley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural - Jewett Township
(If outside city or town limits, write "RURAL")
(d) Street No. Mills Creek Neighborhood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from April 24 1943 to 19 ;
that I last saw h. alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Patient dead on my arrival from history obtained and examination
Due to History obtained and examination
Due to Smoking Person body must have been cause of death.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature CE Salger (M. D. or other)
Address Hannibal Mo. Date signed

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

1171

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-1037

Date Filed JUN 9 1943

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

Ray P. Schwartz

Licensed Embalmer No.

1765-

P. O. Address

1000 Broadway, Manhattan, N.Y.

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.