

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 14 1943

Registration District No. 123

Primary Registration District No. 5458

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Warrens Grove Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home of Madeline Brown, Inc.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Warrens Grove Mo. 1
(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 _____

3. (a) PRINT FULL NAME Mary Missouri Stepp

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas Stepp 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 11 - 1855 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Taney County - Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business General house work
12. Name James Barnett
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Roy B. Stepp

(b) Address Warrens Grove Mo.
17. (a) Burial (b) Date thereof June 13 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Local Cemetery

18. (a) Signature of funeral director Warrens Grove Mo.

(b) Address Warrens Grove Mo.
19. (a) 6/12/1943 (b) Nelson L. Murray (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1 - 1943 to June 11 - 1943 that I last saw him alive on June 11 - 1943 and that death occurred on the date and hospital above.

Immediate cause of death With Melancholy
Tumor in Abdomen

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? _____

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

23. Signature J. L. Stepp (M. D. or other) _____

Address Warrens Grove Mo. Date signed 6/27/43

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

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

MOTHER FATHER

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 43-7-81

Date Filed 7/10/43

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 7669

P. O. Address Madison Road Me

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 111-4
Registrar's No. 4

Registration District No. 123 Primary Registration District No. 5458

1. PLACE OF DEATH
(a) County Greene
(b) City or town Walnut Grove
(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 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 Marg M. Stepp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January year 1983 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I first saw him _____ since on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex M 5. Color or race N
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 April 11 (Month) (Day) (Year)
8. AGE: Years 18 Months 2 Days _____ (If less than one day, specify in minutes) min.
9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____
11. Industry or business _____

Due to Tumor for six years, probably benign,
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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)

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 work) (e) Means of injury _____
23. Signature J. J. Barber (M. D. or other) _____
Address _____ Date signed _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (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)

SUPPLEMENTARY

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

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

S-21384