

Registration District No. 120

Primary Registration District No. 5448

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rura Huggins
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life
years, months or days

3. (a) PRINT FULL NAME Caroline Joy 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, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct. 8 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Stephens
13. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Esther Hantz
15. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stephens
(b) Address Albany, Missouri

17. (a) Burial (b) Date thereof July 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henton Cemetery

18. (a) Signature of funeral director Chas. H. Burks
(b) Address Albany, Missouri

19. (a) July 21-1943 (b) James N. Decker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Huggins Township
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from July 1 - 1943 to 7-18-1943
that I last saw her alive on 7-12-1943
and that death occurred on the date and hour stated above.

Immediate cause of death T. B. Meningitis Duration 2 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 14

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 Frank N. Rou (M. D. or other) M-D
Address Albany, Mo Date signed 7-19-43

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

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

Signed Chas. B. Bunk
Licensed Embalmer No. 3329

P. O. Address Albany, 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.