

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

2
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39
35897

FILED JUN 8 1944

State File No. _____

Registration District No. 1/24

Primary Registration District No. 3025

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
 (c) City or town West Plains
(If outside city or town limits, write "RURAL") 1
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Ellen 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 Widowed
 6. (b) Name of husband or wife James Stephens 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 28 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic
 11. Industry or business _____
 12. Name ? Dykes
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Lancaster
 (b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof 5/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mint Springs Cem.

18. (a) Signature of funeral director Reg. Carr
 (b) Address Theyre, Mo.
 19. (a) 5/20-44 (b) Paul Hailed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him or alive on Never _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 min.

Due to Myocarditis, chronic ?

Due to _____

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

Major findings: Of operations 93d PHYSICIAN _____
 Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Arthur M. Burgh (M. D. or other) M. D.
 Address West Plains, Mo. Date signed 5/18/44

1125

RECEIVED

District Health Officer No. 5,

District File Number

644334

Date Filed

6. 7. 44

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,

Registered Apprentice No.

working under my personal supervision.

Signed

Leo Carr

Licensed Embalmer No.

2857

P. O. Address

Thayer M

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.