

No. 2
-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18394**

FILED JUN 5 1944

Registration District No. **126**

Primary Registration District No. **2001**

Registrar's No. **252**

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

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Johns Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3-1-2 Hours**
 (Specify whether years, months or days) **2 months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Carthage Mo;**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.F.D. 3** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME **Lenna Stephens**
 (b) If veteran, name war **no**
 (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May 14**, day **1944**
 year **1944**, hour **7-30 P.M.**, minute **0**, M.

4. Sex **female** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Steve Stephens**
6. (c) Age of husband or wife if alive **no data**
7. Birth date of deceased **Mar. 23 1887**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-14-44** to **5-14-44**
 that I last saw him alive on **5-14-44**
 and that death occurred on the date and hour stated above. **1944**

8. AGE: Years **57** Months **1** Days **27**
 If less than one day hr. min.

Immediate cause of death **Coronary Artery**
 Duration **?**

9. Birthplace **Jasper County Mo;**
 (City, town, or county) (State or foreign country)

Due to
 Due to

10. Usual occupation **housewife**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **48R**

11. Industry or business

12. Name **Lemuel Garrison**
13. Birthplace **Iowa**
 (City, town, or county) (State or foreign country)
14. Maiden name **Martha J. Marshall**
15. Birthplace **no data**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Garrison**
(b) Address **1704, 1-2 Main St. Joplin Mo**

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?

17. (a) Burial (b) Date thereof **5-16-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**
(b) Address **Joplin Mo;**

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

19. (a) 5-15-44 (b) **Gustav Suthoff**
 (Date received local registrar) (Registrar's signature)

23. Signature **E. S. Jones** (M. D. or other)
Address **Joplin Mo** Date signed **5-15-44**

44-5-411

5707 25 1945

JAN 25 1945

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 *Henry T. Hurlbut*
Licensed Embalmer No. 95-9
P.O. Address *Joplin 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.