S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4459

Primary Registration District No. 3006

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Adair county

(b) City or town: Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Hospital (Specify whether) In this community: 1Mo, 3Wks, 2 Days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby

(c) City or town: Shelbyville
(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: Clark Stephenson

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: May (Month) 14th (Day) 1871 (Year)

8. AGE: Years 74 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Farming

11. Industry or business: "

MOTHER FATHER

12. Name: Issac Stephenson

13. Birthplace: (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Isabelle Forsythe

15. Birthplace: (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Pearl Plumm

(b) Address: Bethel, Missouri

17. (a) Burial (Burial, cremation, removal): (b) Date thereof: 1-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation: a Plesant Prairie

18. (a) Signature of funeral director: Million & Barkelew

(b) Address: Shelbina, Missouri

19. (a) 1-5-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 30th Year 1945 hour 10 minute 35P M.

21. I hereby certify that I attended the deceased from Nov. 9, 1945 to Dec 30, 1945 that I last saw him alive on Dec 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ascending Bulbar Palsy	hours
Due to: Chronic Anterior Poliomyelitis	yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 36
Of autopsy: _____

PHYSICIAN — 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: Guy Hanson M.D. or other) M.D.

Address: Kirksville, Mo. Date signed: 12-30-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-342
Date Filed FEB 28 1946

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 E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.