

No. 2
5-43
5-17-39
X36871

Registration District No. **252**

Primary Registration District No. **4381**

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

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Hopkins - rural Hopkins Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles east
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway** **74**
 (c) City or town **Pickering** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Henrietta Stephens**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **femlae** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **John W. Stephens** 6. (c) Age of husband or wife if alive **93** years
 7. Birth date of deceased **August 16, 1853**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **6** year **1946** hour **1** minute **45** M.
 21. I hereby certify that I attended the deceased from **Feb 3**, 1946, to **Feb 6**, 1946;
 that I last saw h. **ey** alive on **Feb 3**, 1946, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 92 | 5 | 21 | hr. _____ min. _____ |

Immediate cause of death **severely chronic myocarditis**
 Duration **3 mo**

9. Birthplace **Owen County, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**
 11. Industry or business **Bowling Green Baugh**
 12. Name **Indiana**
 13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
 14. Maiden name **Jennie Edwards**
 15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant **John W. Stephens**
 (b) Address **Pickering, Mo.**
 17. (a) **burial** (b) Date thereof **2-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **White Oak cemetery**

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

18. (a) Signature of funeral director **Peace Funeral home**
 (b) Address **Maryville Mo**
 19. (a) **2-15-46** (b) **Res Stephens**
(Date received local registrar) (Registrar's signature)

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 **0**
 23. Signature **W.C. Burman** (M. D. or other) **MD**
 Address **131 So. Main Maryville** Date signed **2/6/46**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *W. L. Ge...*

Licensed Embalmer No. *2539*

P. O. Address *Mayville 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.