

No. 2  
M-5-43  
7-5-17-39  
I X38671

State File No. 8743  
Registrar's No. 101

**FILED** APR 10 1946  
Registration District No. 3

Primary Registration District No. 3010

6  
14  
7674  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hosp't  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 In this community 1 day  
 years, months or days

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

**3. (a) PRINT FULL NAME** MILDRED CATHERINE STEPHENS  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none  
 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 alive 0 years  
 7. Birth date of deceased October 6, 1915  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 8  
 year 1946 hour 10 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 2-22 1946 to 2-26 1946  
 that I last saw her alive on 2-25 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 30 Months 5 Days 2  
 If less than one day hr. min.  
 9. Birthplace Futesville Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation

Immediate cause of death Pulmonary Infarction  
following right side heart failure  
 Due to Rheumatic in origin  
Abdominal Ascites  
 Other conditions Abdominal Ascites  
 (Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business  
 12. Name Arthur Stephens  
 13. Birthplace Cape Co. Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Clubb  
 15. Birthplace Sand Missouri  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Bertha Stephens  
 (b) Address Advance, Mo.  
 17. (a) Burial (b) Date thereof Mar. 9, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clubb Creek Cem  
 18. (a) Signature of funeral director Lloyd S. Morgan  
 (b) Address Advance, Mo.  
 19. (a) 3-26-1946 (b) C. C. Summers  
 (Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Major findings: ✓  
 Of operations: ✓  
 Of autopsy: ✓ 95%  
 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 Albert M. Estes (M. D. or other) MD  
 Address Jackson Date signed 3-26-46

RECEIVED

District Health Officer No. 4

District File Number 446-194L

Date Filed 4-9-46

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.....

~~Was not embalmed~~

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lloyd S. Morgan

Licensed Embalmer No. 8361

P. O. Address Advance, 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.