

No. 2
1-4-41
-17-39
X26390

FILED APR 12 1946
Registration District No. **128**

Primary Registration District No. **5466**

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

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Spring Hill Rural - S. Campbell**
(c) Name of hospital or institution: **ZARK Osteopathic Hospital**
(d) Length of stay: In hospital or institution **0**
In this community **about 5 hrs**

3. (a) PRINT FULL NAME **Francis Marie Stevens**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **445-050495**

4. Sex **Female** 5. Color or race **White**
(a) Single, widowed, married, divorced **wid.**
6. (b) Name of husband or wife **R. H. Stephens**
6. (c) Age of husband or wife if alive **Dec. 29** years
7. Birth date of deceased **July 29** 1908

8. AGE: Years **37** Months **7** Days **17**
If less than one day hr. min.

9. Birthplace **DeBeque Iowa**

10. Usual occupation **Sign artist**

11. Industry or business

12. Name **Barbara Florette**

13. Birthplace **unknown**

14. Maiden name **Stephenson**

15. Birthplace **unknown**

16. (a) Informant **R. H. Stevens**

(b) Address **Branson Mo.**

17. (a) **Burial** (b) Date there **March 18, 1946**

(c) Place: burial or cremation **Zark Memorial**

18. (a) Signature of funeral director **Minnie E. Wheeler**

(b) Address **Branson, Mo.**

19. (a) **3-19-46** (b) **Mrs. Hardy**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jamez**
(c) City or town **BRANSON**
(d) Street No. **Branson**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **16** year **1946** hour **9** minute **15 P.**

21. I hereby certify that I attended the deceased from **Mar. 16** 1946 to **Mar. 16** 1946
that I last saw him alive on **Mar. 16** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Shock**
about 90% body burn
Due to **Complete body burn**
HEROSENE STOVE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **1815**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidental**

(b) Date of occurrence **Mar. 16 1946**

(c) Where did injury occur **Branson, Sany Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **No** (e) Means of injury **Burns**

23. Signature **Thelma ...** Date signed **3/16/46**

Address **Springfield Mo.** Date signed **3/16/46**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Minnie L W Kelchel*
Licensed Embalmer No. *2277*
P. O. Address *Bramson wa*

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.

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