

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

State File No. \_\_\_\_\_

**FILED SEP 4 1946**  
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 293

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:  
216 S. Lorimer St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
20 years (Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Luther Stephenson  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. 493-26-6568

4. Sex Male 5. Color or race Negro  
Negro 2. Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Marie Stephenson  
 6. (c) Age of husband or wife if alive 38 years  
 7. Birth date of deceased August 1, 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>0</u>	<u>26</u>	hr. _____ min.

9. Birthplace Newport, Arkansas  
(City, town, or county) (State or foreign country)  
Porter

10. Usual occupation In Barber Shop

11. Industry or business \_\_\_\_\_  
 12. Name Robert Stephenson  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Stephenson  
 (b) Address 513 r. S. Frederick, Cape Girardeau

17. (a) Burial (b) Date thereof Aug. 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director J. J. Sparks  
Cape Girardeau, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 8-31-1946 (b) W. C. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 216 S. Lorimer St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
 year 1946 hour 4:00 minute 7 M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Summers (M.D. or other) \_\_\_\_\_  
 Address Jackson Mo. Date signed 8/29/46

RECEIVED

Case No. 4  
District File Number 946-2551  
Date Filed 9-3-46

**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

*Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.