S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29481

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Exeter twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ---------- 0
(If rural, give location)

(e) Citizen of foreign country? no 0

If yes, name country ____

3. (a) PRINT FULL NAME Mrs. Menerva Stephenson

3. (b) If veteran, name war ------- 3. (c) Social Security No. ------

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 5

6. (b) Name of husband or wife Robert E. Stephenson 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Feburary (Month) 4 (Day) 1875 (Year)

8. AGE: Years 71 Months 6 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business *------

FATHER
12. Name Wesley Patton 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lottie Lamberson
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. F. C. Pruitt
(b) Address Exeter Mo. (R. R.)

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 3 46 (Month) (Day) (Year)
(c) Place: burial or cremation Nancy Chapel

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton, Missouri

19. (a) Sept 14-'46 (Date received local registrar) (b) Grace Williams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep - 1 day ____ year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug - 26 - 1946 to Sept 1 - 1946 that I last saw her alive on Sept - 1 - 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrage	4 hrs
Due to Shock	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

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 0

23. Signature O. S. McCall (M. D. or other)

Address Wheaton Mo Date signed 9/4/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 946-880
Date Filed SEP 23 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 Wm Marvin Rogers

Licensed Embalmer No. B442

P. O. Address Wheaton, 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.