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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30726

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution aug 28 ick (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 713 Picher St 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Clarence L. Stephenson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M C

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Maggie H.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June (Month) 3 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Real Estate Dealer

FATHER
12. Name James Stephenson
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Emaline Richards
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Maggie H Stephenson
(b) Address 713 Picher

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Marshall Dillon
(b) Address Joplin Mo

19. (a) 10-2-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1946 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 6-9-45, 19, to 9-29-46, 19; that I last saw him alive on 9-29-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis with Cardiac Dilatation & Decompensation	7-19-44 1 yr.
Due to Chronic Interstitial Nephritis	7-19-44
Due to Chronic Prostatitis	7-19-44
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Walter Howard (M. D. or other)

Address Joplin Mo Date signed 10-1-46

10 0

(Licensed Embalmer's Statement on Reverse Side)

46-9-858

JUN 28 1948

MAY 12 1952

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.