S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35940

FILED NOV 7 1946

Registration District No. 389 Primary Registration District No. 4588 6249 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Wayne

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne

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

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

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

If yes, name country

3. (a) PRINT FULL NAME George Washington Stephens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lola Hamilton Stephens

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. (Month) 8 (Day) 1883 (Year)

8. AGE: Years 62 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Martin (City, town, or county) Weakly Co. Tenn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Jefferson Stephens
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Martha Ann Gray
15. Birthplace (City, town, or county) Weakly Co. Tenn. (State or foreign country)

16. (a) Informant Mrs. Lola Stephens
(b) Address Piedmont Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. Piedmont, Mo.

18. (a) Signature of funeral director William Cole
(b) Address Piedmont, Mo.

19. (a) Oct. 29-1946 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1946 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from 1941, 19..., to 1946, 19...; that I last saw him alive on June 15, 1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular collapse — Duration

Due to Carcinomatosis

Due to Skin cancer, face & neck

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

23. Signature H. H. Lane MD (M. D. or other)

Address Piedmont, Mo. Date signed 7/2/

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1946

DEC 12 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 Coder Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.