S. No. 2
1—12-45
7. 5-17-39
I X47070

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. 1856

FILED FEB 10 1947

Registration District No. 2

Primary Registration District No. 3046

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Moniteau

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

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

(d) Length of stay: In hospital or institution 42 Days (Specify whether years, months or days)

In this community 42 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town ~~California~~ Tipton 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Genoa D. Stephens

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 13 (Day) 1862 (Year)

8. AGE: Years 84 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Cooper County Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Osteopath

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

FATHER
12. Name Thomas Smiley Stephens
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Meriam Howard
15. Birthplace Moniteau County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Salmons.
(b) Address Tipton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton, Missouri

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton Mo

19. (a) 1-20-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17 year 1947 hour 9 30 minute A. M.

21. I hereby certify that I attended the deceased from DEC 6, 1946 to JAN 17, 1947 that I last saw her alive on JAN 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF LIVER	1 YR.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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 L. L. Latham (M. D. or other)
Address California Mo Date signed 1-19-47

(Licensed Embalmer's Statement on Reverse Side)

202

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-2-72

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 Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.