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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 21 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8279

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

Registration District No. 60

Primary Registration District No. 2235

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution XXXXXXX  
(Specify whether)

In this community Most of life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

(d) Street No. Benton Township  
(If rural, give location)

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

If yes, name country XXXXXX

3. (a) PRINT FULL NAME JOHN BRADY STEPHENS

(b) If veteran, name war XXXXX

(c) Social Security No. XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1947 hour 7 minute 25 P.M.

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Dora Stephens

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

7. Birth date of deceased: January 13, 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov-15-46  
to 2-11, 1947

that I last saw him alive on 2-11, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

92 0 28 X hr. X min.

Immediate cause of death  
Thrombosis of coronary artery  
Due to chronic myocarditis

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

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Farming

11. Industry or business XXXXXX

MOTHER FATHER

12. Name Benjamin Stephens

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

14. Maiden name Hetha Brady

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

Major findings:  
Of operations 930

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Delbert Davis, friend

(b) Address Stockton, Missouri Mo.

17. (a) Burial (b) Date thereof 2014-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cem-Near

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?  
Jerico Springs, Mo.

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

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) Feb. 26 (b) Mrs. Velma Ellis  
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Bannister (M. D. or other)  
Address Jerico Springs Mo Date signed 2-11-47

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 2-47-242  
Date Filed 3-12-47

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 Melvin Church  
Licensed Embalmer No. 3272  
P. O. Address Stockton, 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.