

S. No. 2
I-12-45
5-17-39
I X47070

State File No. _____

FILED OCT 13 1947

Registration District No. 78

Primary Registration District No. 5370

Registrar's No. 103

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 Miles North Gallatin, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Most of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mellie Ann Stephens
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jefferson Stephens
 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased January 12 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>28</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business
 12. Name Eli Jackson
 13. Birthplace Unknown South Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Cruse
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wilda Stephens
 (b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-1947
(Month) (Day) (Year)
 (c) Place: burial or cremation Lick Fork Cemetery

18. (a) Signature of funeral director Hope Funeral Home
 (b) Address Gallatin, Missouri

19. (a) 9-23-47 (Date received local registrar) (b) Wiggins M. Englebert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 Miles North Gallatin, MO.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 10
 year 1947 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from Feb
 _____, 1947 to Sept 10, 1947
 that I last saw her alive on Sept 10/47
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular renal disease uremia
 Due to Chronic Cholecystitis Diabetes mellitus
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
4 yrs.

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature H. W. Bailey (M.D. or other)
 Address Gallatin, MO Date signed 9-24-47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

L. O. Richerson

Licensed Embalmer No.

3307

P. O. Address.....

Callaway, 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.