S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33058

FILED OCT 4 1947 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8997

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County .....
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 6539 So. Langley
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Tommy Stephens
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 31 (Day) 1944 (Year)

8. AGE: Years 3 Months 5 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Okla. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business .....

FATHER
12. Name Laurence Stephens
13. Birthplace Okla. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frankie Yarbrough
15. Birthplace Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Annie Stephens
(b) Address Beggs Okla.
17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Okmulgee Okla
18. (a) Signature of funeral director Atkins Bros.
(b) Address 344 Firney
19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd year 1947 hour 1:20 minute A. M.

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

Immediate cause of death 1. Subdural Hemorrhage of Brain; 2. Oedema of Brain; when the car in which he was an occupant, being driven by one, Bennie Lee Wilson, was

Due to passing a truck on a hill driven by one Jimmie Ward Houston, caused an

Due to automobile being driven by one Otto Johnson, Jr., to apply his brakes suddenly causing Johnson's car to skid

Other conditions (Include pregnancy within 3 months of death) at striking the truck and then striking the automobile driven by

Major findings: Bennie Lee Wilson, around 11:30 A.M. Sept. 21st, 1947, around

Of operations 1.4 miles east of Crawford-

Of autopsy Phelps County Line near Cuba, Missouri

Duration

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Criminal Carelessness on the part of Bennie L. Wilson
(b) Date of occurrence Sept. 21st, 1947
(c) Where did injury occur? Cuba, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Plublic Place (Specify type of place)
While at work? No (e) Means of injury See Above

23. Signature Alfred J. Perry D.D.S. (M. D. or other)
Address Deputy Coroner Date signed 9-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fannin

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.