S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5280

Registration District No. 136 Primary Registration District No. 200 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 4
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1303 Furnace 5
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 23, (Day) 1888 (Year)

8. AGE: Years 59 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Baxter Springs, Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business Cunningham Bldg.
FATHER
12. Name Alex Stephens
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Savonia ??
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
16. (a) Informant Stella Stephens
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkway Cemetary
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 15th & Joplin, Joplin, Mo.
19. (a) 2-5-48 (Date received local registrar) (b) Dolores Lamphin Dr. (Registrar's signature) 1/29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1948 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Did not attend, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Ruptured Appendix
Due to Generalized Peritonitis
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Ruptured Appendix
Of autopsy Yes

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)
(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 [illegible] (or other) Do
Address 2114 Joplin Date signed 2/2/48

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

48-1-124

MAR 27 1956

MAR 11 1010

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 F. M. Jones

Licensed Embalmer No. 5319

P. O. Address Joplin 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.