S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1948

Registration District No. 1720

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

Case 5346

State File No.

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
618 Polk 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 Yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede 53

(c) City or town Lebanon Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 618 Polk 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Quintus C. Stephens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 88 9

6. (b) Name of husband or wife Mary J. Crosswhite

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

7. Birth date of deceased Dec. 23 (Month) 1854 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	1	29	hr. min.

9. Birthplace Monroe Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 0 (State or foreign country)

16. (a) Informant Effie Stephens 1

(b) Address Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Mo.

19. (a) 2/26/48 (Date received local registrar) (b) Tussie B Lynly 157 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1948 hour 10 minute 25 PM.

21. I hereby certify that I attended the deceased from Feb. 20, 1948, to Feb. 22, 1948, that I last saw him alive on Feb. 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular accident.	24 hrs.
Due to Arteriosclerosis	?
Due to old age.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H W Carrington (M. D. or other) M.D.

Address Lebanon, Mo. Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

Received 3/2/48
Laclede County Health Unit
File No. 3-48-26
Date Filed 3/2/48

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 R. L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.