

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3140
Do not use this space.

1. PLACE OF DEATH
 (a) County Monteau Registration District No. 1095
 (b) Township Clarksburg Primary Registration District No. 4336 Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ella Catherine Stephens
 (a) Residence, No. Clarksburg Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Stephens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-6-1865
 7. AGE YEARS 73 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Jan. 10 1939 11. Total time (years) spent in this occupation 6
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 FATHER 13. NAME John C. Pealer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Mary Ann Piddinger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Ella Stephens
Clarksburg Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem. DATE 1-27-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hayes & Stockline
1st St. Clarksburg Mo
 20. FILED 1-20-39 J. C. Martin Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-18-1939 to 1-19-1939
 I last saw her alive on 1-18-1939. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia Date of onset _____
 Other contributory causes of importance: 107 W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. P. Farris M. D.
Clarksburg Mo.
 741 (Address)

Exact statement of OCCUPATION is very important. Error of death in main terms, so that it may be properly classified.

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.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, W.*

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, above space should be left blank.