

REC'D JUL 11 1939

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

22163

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township Springfield Primary Registration District No. 2001 Registered No. 525  
(c) City Springfield (d) Street No. St. Johns Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 315 Lark Jackson Stephens St.  Crane, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Lee Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15 1887</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>
	DAYS <u>12</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	
11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stone Co. Mo.</u>	
13. NAME <u>Mac Stephens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
MOTHER	15. MAIDEN NAME <u>Goakum</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>James Stephens Washington, D. C.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>June 29, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Asaon Funeral Home Crane, Mo.</u>		
20. FILED <u>June 29, 1939</u> <u>Chas. A. Heugarten</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to June 25, 1939  
I last saw him alive on June 25, 1939 Death is said to have occurred on the date stated above, at 3:58 p. m.  
The principal cause of death and related causes of importance were as follows:  
Doc. Jones: {Polymyositis  
fever  
Rocky mountain fever -  
44 C.

Other contributory causes of importance:  
Brundo - Pneumonia -

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? O.....

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? Yes -  
If so, specify Farm  
(Signed) A. P. Jettie, M. D.  
Crane, Mo. (Address)

**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, .....

*Eugene Wood*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Eugene Wood* .....

Licensed Embalmer No. *3804* .....

P. O. Address *Cassville, 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, above space should be left blank.**

X