

STANDARD CERTIFICATE OF DEATH

Registration District No. 700

Primary Registration District No. 6249

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jack - Union Twp
 (b) City or town Aldrich Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Union Township 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community life
 years, months or days)

3. (a) PRINT FULL NAME Ellen Abigail Stephens

3. (b) If veteran; name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S.L. Stephens 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 15th 1870
 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Aldrich - Jack Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business housekeeping

12. Name W.H. Hagerman

13. Birthplace Kentucky Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Davis

15. Birthplace Paris Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant E.L. Stephens

(b) Address Aldrich 770

17. (a) Burial (b) Date thereof Aug 30 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Wm. A. Bane

(b) Address Walnut Iron

19. (a) Aug 30 40 (b) Wynna Miller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jack
 (c) City or town Aldrich Mo RFD 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 1, Union Twp.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
 year 1940 hour 4 minute 3 M.

21. I hereby certify that I attended the deceased from July 14 1940
Aug 29 1940 to Aug 25 1940;
 that I last saw her alive on Aug 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Duration 6 months

Due to _____
 Due to _____
 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?

6249 (Specify type of place)
 While at work? (e) Means of injury

23. Signature W.T. Myer (M. D. or other)
 Address Aldrich Mo Date signed 8/30/1940

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1287

Date Filed 9-9-40

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

Gene A. Brown

Licensed Embalmer No. 7664

P. O. Address Wilmington, Delaware

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.