23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29909

Registration District No. 843 Primary Registration District No. 6106 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stone West Mo
(b) City or town Galena R-1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs. years, months or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone
(c) City or town Galena rural (If outside city or town limits, write "RURAL")
(d) Street No. Galena Rt 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Sarah Myrtle Stephens
3. (b) If veteran, name war
3. (c) Social Security No. 493-140349
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John H Stephens
6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased Aug (Month) 29 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49		2	hr. min.

9. Birthplace Arkansas Eureka Springs (City, town, or county) (State or foreign country)
10. Usual occupation Farm Wife
11. Industry or business
FATHER
12. Name Ruben Wheeler
13. Birthplace ? (City, town, or county) U. S. (State or foreign country)
MOTHER
14. Maiden name Faithie Rhodes
15. Birthplace Stone Co. (City, town, or county) (State or foreign country)
16. (a) Informant John Stephens
(b) Address Galena, R-3
17. (a) Crane (Burial, cremation, or removal) (b) Date thereof Sept 3 (Month) (Day) (Year)
(c) Place: burial or cremation Crane Mo
18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena Mo
19. (a) Sept 2 '40 (Date received local registrar) (b) Nellie Tromley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1940 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from 7-15-40, 19..., to 8-26-40, 19...; that I last saw her alive on 8-26-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	
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? 765 (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed Sept 2 '40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 940-2553
Date Filed SEP 9 1940 SEP 9 1940

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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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29909

Registration District No. 843 Primary Registration District No. 6106 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Wash T. P.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah Myrtle Stephens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 49 Months - Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis — Duration

Due to Chronic Nephritis — 1 yr

Due to

Other conditions 131
(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

23. Signature [signature] (M. D. or other) [signature]
Address Date signed