

No. 2
1-13-40
-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2950

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH: Jasper
(a) County
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution 12 HOURS
In this community 12 hours, 49 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Mo; 2
(d) Street No. 919 W. 6th St. 5
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Arthur A. Stephens.

3. (b) If veteran, S.S. 491-01-6801 No name war. 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 7, 1891. (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Real Estate Dealer

11. Industry or business REAL ESTATE

12. Name S.H. Stephens.

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

14. Maiden name Nancy J. Huggins (State or foreign country)

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

16. (a) Informant Mrs. Nettie Stephens

(b) Address 919 W. 6th St. Joplin Mo;

17. (a) Burial (b) Date thereof 1-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co

(b) Address Joplin Mo;

19. (a) 1-27-41 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 25, 1941. year 5-00 A.M. minute M.

21. I hereby certify that I attended the deceased from 24 Jan 25 1941; that I last saw him alive on Jan 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion

Due to

Due to

Other conditions none

Major findings: Of operations none

Of autopsy

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? 372

23. Signature (M. D. or other) Date signed

PHYSICIAN Underline the cause to which death should be charged statistically.

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

41-2-148

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, Steve D. Parker

Licensed Embalmer No. 25748

P. O. Address Poplar Ave

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.