

Registration District No. 124

Primary Registration District No. 3009

State File No. _____

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Cape County
 (b) City or town Cape Girardeau Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)
 In this community 5 yrs.

3. (a) PRINT FULL NAME Annie P. Stephens

3. (b) If veteran, name war " 3. (c) Social Security No. "

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

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

7. Birth date of deceased April 18 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>		<u>2</u>	_____ hr. _____ min.

9. Birthplace Advance Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business "

12. Name Luey Stephens

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

14. Maiden name Glady's Utery

15. Birthplace Wappello Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Luey Stephens

(b) Address Advance Missouri, R.F.D.#3

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Arbor Missouri

19. (a) 4-20-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard 16
 (c) City or town Advance Mo. R.F.F.#3 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. R.F.D.#3 (If rural, give location) 1
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day April
 year 1941 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 4/1
1941, to 4/30, 1941

that I last saw her alive on 4/19, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Third Degree Burns

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____ 115
 (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? _____

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

23. Signature [Signature] (M. D. or other) 0
 Address Cape Girardeau Date signed 4/22/41

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

6
1
4

181
15

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 comply with the above constitutes grounds for revocation of license.)

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