

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17680

Registration District No. 232

Primary Registration District No. 4152

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Davies

(b) City or town Jamesport
(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 most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Davies 31

(c) City or town Jamesport 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Emma Stephens

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1941 hour 10 minute 30 ⁴⁴M.

21. I hereby certify that I attended the deceased from December 15, 1940, to May 24, 1941,
that I last saw her alive on May 16, 1941,
and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race White

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

6. (b) Name of husband or wife James Stephens

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

7. Birth date of deceased May 4, 1864
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration Unknown

8. AGE: Years 77 Months 0 Days 20
If less than one day _____ hr. _____ min.

Due to Old age

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

Due to _____

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Jackson Allen

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

14. Maiden name do not know

15. Birthplace do not know
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Minor Stephens

(b) Address Jamesport Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof 5/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bracefield Cem.

(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? _____

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

(b) Address Gallatin Mo.

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) 5/26-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address Jamesport Mo. Date signed 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

1941

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.....

E. M. Jones

Licensed Embalmer No.

3453

P. O. Address.....

6711 FT 1111

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

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