

FILED JAN 20 1942

State File No. _____

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No. _____

1. PLACE OF DEATH

(a) County Moniteau
(b) City or town Clarksburg
(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 87 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1941 hour 8 minute 15 M.
21. I hereby certify that I attended the deceased from 12-6
_____ 1941 to _____ 1941;
that I last saw him alive on Dec 6
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
hemorrhage
Duration 2 week

Due to Generalized arteriosclerosis
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations g3a
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo Date signed 12/13/41

3. (a) PRINT FULL NAME JAMES-MILTON-STEPHENS

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

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

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

7. Birth date of deceased: March 25 1888
(Month) (Day) (Year)

8. AGE: 87 Years 8 Months 18 Days ✓ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Sawmill

12. Name Jefferson Stephens

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

14. Maiden name Mary J. Olesby

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

16. (a) Informant Carroll Hays

(b) Address Lepton Mo

17. (a) Rural (b) Date thereof Dec. 14-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg Cem

18. (a) Signature of funeral director Raymond Hays

(b) Address Lepton Mo

19. (a) Dec. 13-1941 (b) Max Jennie M. Nedels
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAY 29 1942

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 *Myself*

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. *3974*

P. O. Address *Felot Grove, M*

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.