

FILED JUL 13 1942

Registration District No. 408 416

Primary Registration District No. 4249

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcxietan
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles O. Stephens

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 2 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer, retired

11. Industry or business ---

MOTHER FATHER { 12. Name Thomas N. Stephens
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Susan E. Price
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Stephens

(b) Address Sarcxie, Missouri

17. (a) Burial (b) Date thereof 6/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcxie, Missouri

19. (a) June 22, 1942 (b) Elizabeth Coplin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 12 minute 20 AM.

21. I hereby certify that I attended the deceased from June 1941 to June 22, 1942 that I last saw him alive on June 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration

Due to nephritis

Due to cerebral hemorrhage suffered June 10

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

23. Signature J. E. Kellane (M.D. or other) M.D. Address Sarcxie Mo. Date signed June 23

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

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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..... *Geo. B. Orr*
Licensed Embalmer No..... *946*
P. O. Address..... *Ma. Vernon* *970*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2150's**

Registration District No. **416**

Primary Registration District No. **4248**

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Sarcoxie
 (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)

3. (a) PRINT FULL NAME Charles O Stephens
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 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 mar 2 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

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

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____
Nephritis, chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

131 h
 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 J E Kellane (M. D. or other) DO.
 Address Sarcoxie MO Date signed _____

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

SUPPLEMENTARY

