

Registered in File No. 1110-1116-13-1047

Primary Registration District No. 4334

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs (Specify whether years, months or days)

In this community 15 yrs years, months or days

3. (a) PRINT FULL NAME EVERY STEPHENS

3. (b) If veteran, name war ✓
3. (c) Social Security No. 48748-0224

4. Sex M 5. Color or race W
6. (a) Single, widowed, married; divorced Married

6. (b) Name of husband or wife Leddie Stephens
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 18 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 30 Days 30
If less than one day hr min.

9. Birthplace Hickman Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Crawford Stephens

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

14. Maiden name Mary Wright
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Every Stephens
(b) Address East Prairie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42
(Month) (Day) (Year)

(c) Place: burial or cremation Amour cemetery

18. (a) Signature of funeral director Frank Shelby
(b) Address East Prairie Mo

19. (a) 7-3-42 (Date received local registrar) (b) Spigman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to 6-17 1942

that I last saw h. no alive on June 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93e

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?

While at work (Specify type of place) (e) Signs of injury

23. Signature George W. Whitaker (M. D. or other) 0
Address East Prairie, Mo Date signed 6/26/42

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

MOTHER FATHER

67
02

1371

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.....

James E. Scott

Registered Apprentice No. *316*

working under my personal supervision.

Signed *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, Mo*

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.