

FILED SEP 1 1942

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Fredericktown  
(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.  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Fredericktown  
(If outside city or town limits, write "RURAL")  
(d) Street No. 319 Anthony Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA STEPHENS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry M. Stephens 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased March 29 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Thomas King  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Grounds  
15. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Octa Stephens  
(b) Address 319 Anthony St., Fredericktown

17. (a) Burial (b) Date thereof 8-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stephens Cemetery  
18. (a) Signature of funeral director W. I. Nash  
(b) Address Fredericktown, Mo.

19. (a) Aug 8, 1942 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 29, 1942, to Aug 6, 1942, that I last saw her alive on Aug 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia  
(Hypostatic)  
Due to Cerebral hemorrhage  
Due to contusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 06-2  
(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 2

23. Signature W. I. Nash (M., D., or other) D.O.  
Address Fredericktown Date signed Aug 7, 42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 942-1133  
Date Filed 9-19-72

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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

*Stanley A. Dixon*

Licensed Embalmer No.

*4193*

P. O. Address

*Fredericktown, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27651  
Registrar's No. 52

Registration District No. 206 Primary Registration District No. 3042

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Fredericktown  
(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 Ella Stephen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 29 1884  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 10 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_ (State or foreign country)

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 Aug day 28 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 28 1942 to Aug 5 1942; that I have seen him alive on Aug 3 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hyperstatic) Bronchial Duration \_\_\_\_\_

Due to Cerebral hemorrhage

Due to Contusion Injured by a fall

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) accident

(b) Date of occurrence July 27, 1942

(c) Where did injury occur? Fredericktown, Madison, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? no (Specify type of place) (e) Means of injury fell and struck head

23. Signature W. Eldred J. Rush (M.D. or other) D.D.

Address Fredericktown, Mo Date signed Sept 29

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

MOTHER FATHER

SUPPLEMENTARY

