

Registration District No. 227

Primary Registration District No. 4339

69
2
0

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

1. PLACE OF DEATH

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. LOCUST ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME KENT KANE STEPHENS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE CAN BE FOUND

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife MINNIE OR YOUNG STEPHENS 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MAY 1st 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation PUBLIC ADMINISTRATOR

11. Industry or business OF MONROE Co., Mo.

MOTHER FATHER { 12. Name THOMAS N. STEPHENS
13. Birthplace N.K.
14. Maiden name MARY SWINDEL
15. Birthplace N.K.

16. (a) Informant W. S. Chandler
(b) Address QUINCY, ILL.

17. (a) Burial (b) Date thereof Oct. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mohrly Bros. Speed & Slakey

18. (a) Signature of funeral director Speed & Slakey
(b) Address PARIS, MO.

19. (a) 10-3-42 (b) G. H. Agnew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. W. LOCUST ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month OCT. day 2
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 2,
1942 to Oct. 2, 1942
that I last saw him alive on Oct. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration one hour

Due to _____

Due to _____

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

Major findings: Of operations None
Of autopsy None

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) Manner of injury 3

23. Signature F. A. Barnett (M. D. or other) MD
Address PARIS, Mo. Date signed 10-3-42.

NOV. 2 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-1940

Date Filed Oct. 31-1942

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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, above space should be left blank.