

FILED JAN 21 1942

Registration District No. 3

Primary Registration District No. 2006-5720

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 34 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1513 University
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CAROLINE STEPHENSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife W.G. Stephenson 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased 9 - 20 - 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Railford County North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name H.H. Bennett

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

14. Maiden name
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W.G. Stephenson
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director
(b) Address Columbia, Mo.

19. (a) 12-31-1942 (b) E. Alva H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1942 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from Oct 19 1942 to Dec 30 1942
that I last saw her alive on Dec 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt Breast with metastases to liver

Due to

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy as above

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 Budhya Kobnet (M. D. or other) MD
Address Columbia Mo Date signed 1/31/42

Duration

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0
3
4

OCT 28 1946

JAN 12 1948

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 W. H. Vandewinter
Licensed Embalmer No. 2494
P. O. Address Columbia, 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.