V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1943

Registration District No. 84

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10062

Primary Registration District No. 5320

Registrar's No. 9

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town PALESTINE (RURAL)
(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 years, months or days)
In this community 80 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town PALESTINE (RURAL) 0
(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

3. (a) PRINT FULL NAME RUFUS J. STEPHENS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 19 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	1	24	hr. min.

9. Birthplace HOWARD COUNTY (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

FATHER
12. Name WILLIAM STEPHENS
13. Birthplace 0 MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATILDA SCHUMACHER
15. Birthplace 0 MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant MRS. E.B. MOORE
(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation BROWN CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) Mar-16-1943 (Date received local registrar) (b) Mrs. W.W. Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1943 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from March 18, 1942, to March 12, 1943; that I last saw him alive on March 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	3 years
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

93k

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J.C. Tincher (M. D. or other)
Address Boonville Mo Date signed Mar 15-43

1087

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 4-3-43

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.