S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22007

State File No.

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 41

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #3 / [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether)

In this community 6 Mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON 67
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #3 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE 0

3. (a) PRINT FULL NAME BENNIE CHARLES STEPHENS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race COLOR

6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased AUGUST (Month) 8 (Day) 1942 (Year)

8. AGE: Years 0 Months 9 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace HARVIELL (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business INFANT

FATHER
12. Name JOHN CHARLES
13. Birthplace GURDON (City, town, or county) ARK 1 (State or foreign country)

MOTHER
14. Maiden name GERALDINE STEPHENS
15. Birthplace GURDON (City, town, or county) ARK 1 (State or foreign country)

16. (a) Informant GERALDINE Williams

(b) Address CHARLESTON, Mo R#3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE Cem - CHARLESTON, Mo

18. (a) Signature of funeral director John F. Nunnelee Jr

(b) Address Charleston Mo

19. (a) June 21-43 (Date received local registrar) (b) Mrs Tom Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28 year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 21 1943, to May 28, 1943 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	9 dc
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — No	

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 —

23. Signature [illegible] (M. D. or other)

Address Charleston, Mo. Date signed 6/21/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1949

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.