

FILED JAN 19 1944

Registration District No. **2** Primary Registration District No. **3010**

Registrar's No. **427**

16
1
4

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Smelterville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **J. Ed Stephens**

3. (b) If veteran, name war **_____** **3. (c) Social Security** No. **_____**

4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** **Married**
6. (b) Name of husband or wife **Flora Tune** **6. (c) Age of husband or wife if** **_____**
7. Birth date of deceased **August 9th 1900**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	4	10	hr. min.

9. Birthplace **Flat River Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Laborer**

11. Industry or business

12. Name **John S. Stephens**

13. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. Ed. Stephens**

(b) Address **Cape Girardeau, Missouri**

17. (a) Burial **(b) Date thereof 12-20-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **L. L. Haman**

(b) Address **Cape Girardeau, Missouri**

19. (a) 1-5-44 **(b) G. W. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")

(d) Street No. **Smelterville**
(If rural, give location)

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

If yes, name country **_____**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19th**
year **1943** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from **December 4th**, 1943, to **December 19th**, 1943, that I last saw him alive on **December 11**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of rectum** **3 yrs**

Due to **_____**

Due to **_____**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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)

(2) Means of injury **_____**

23. Signature **G. W. Phelps** (M. D. or other **M.D.**)

Address **131 W. Falls St.** **Date signed** **1-5-44**

RECEIVED

District Health Officer No. 4
District File Number 144-3199
Date Filed 9-44

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.....

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.