S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3255

State File No.

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Joplin Tw.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Joplin R. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Eunice Stephenson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm M Stephenson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb (Month) 14 (Day) 1872 (Year)

8. AGE: Years 61 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Denison (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name M. C. Crane
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Elizabeth Conrad
15. Birthplace Unknown (City, town, or county) - Unknown (State or foreign country)

16. (a) Informant Wm M Stephenson
(b) Address R#1 Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Park Memorial Park

18. (a) Signature of funeral director Watt City Und Co
(b) Address Watt City Mo

19. (a) Jan. 10, 1944 (Date received local registrar) (b) Mrs. Lillie Eagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1944 hour 4.45 minute P M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to 1-7- 1944
that I last saw her alive on 1-6- 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary tuberculosis	several years
Due to	
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	several years

Major findings:
Of operations 13 bl
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

23. Signature R. L. Laney (M. D. ~~or other~~)
Address Joplin, Mo Date signed 1-12-44

(Licensed Embalmer's Statement on Reverse Side)

44-1-125

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.