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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16077

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 14

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PIEDMONT
(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
In this community 71 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 111

(a) State MISSOURI (b) County WAYNE 1

(c) City or town PIEDMONT 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME ASA ADSION STEPHENS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased SEP (Month) 6 (Day) 1872 (Year)

8. AGE: Years 71 Months 6 Days 3 If less than one day ✓ hr. ✓ min.

9. Birthplace BUCHANAN CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

FATHER
12. Name JOSITH STEPHENS
13. Birthplace TENN / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHLINE STRATTON
15. Birthplace TENN / (City, town, or county) (State or foreign country)

16. (a) Informant V. STEPHENS
(b) Address PIEDMONT MO.

17. (c) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ANDERSON CEM.

18. (a) Signature of funeral director W. Gish
(b) Address PIEDMONT, MO.

19. (a) April 13, 1944 (Date received local registrar) (b) Mrs. Lottie Manins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 9
year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 7, 1944, to March 7, 1944
that I last saw him alive on 3-9-1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

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 [illegible] (M. D. or other)
Address Piedmont Mo. Date signed 4-6-44

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-3737

Date Filed 5-5-44

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address PIEDMONT, 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.