S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3045

State File No. 38356

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 202 W. Commercial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss

(c) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 202 W. Commercial
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME George Stephens

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased April 13th 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Makanda Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business

FATHER
12. Name Dennis Stephens
13. Birthplace Johnson Co. Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Manala Gurley
15. Birthplace Johnson Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant William Stephens
(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 10-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Charleston, Mo.

18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston Mo

19. (a) 11/1/44 (b) Mrs Lou Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1944 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct. 1942, to Oct. 29th, 1944,
that I last saw him alive on Oct 26th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency & Bronchitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Frank S Vernon (M. D. or other)

Address Charleston Mo Date signed 10-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1541
Date Filed 11-15-44

AUG 23 1945

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.