

S. No. 2  
M-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 24 1945 STANDARD CERTIFICATE OF DEATH

State File No. 26957

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 3 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ELVA STEPHENS

3. (b) If veteran, name war \*\*\*

3. (c) Social Security No. ---

4. Sex F. Color or race W.

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

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

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

7. Birth date of deceased April 10, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 3 21 hr. min.

9. Birthplace Bloomfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace James Elmore Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Zulica Poe

15. Birthplace Bloomfield Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Stephens

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 8-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Pleasant Valley

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 8-7-45 (b) Belle Armond  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

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

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 31st  
year 1945 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1945 to July 31, 1945  
that I last saw her alive on July 31, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) (e) Means of injury 0

23. Signature S. S. Davis (M. D. or other)

Address Poplar Bluff Mo. Date signed 8/14/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 845-108-6

Date Filed 8-17-45

**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 Dean C. Berger

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.**