

No. 2
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-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10214

FILED MAR 18 1946

State File No.

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 10

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Tilbourn
(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 15 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

3. (a) PRINT FULL NAME Addie J. Stephens

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 divorced, 1 widowed

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

7. Birth date of deceased July 10 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Oheine Co. Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Lum Walton

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Margaret P. Edy

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

16. (a) Informant Ruby Stine

(b) Address New Madrid - Route

17. (a) Burial (b) Date thereof 3-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Tilbourn, Missouri

19. (a) 3-6-46 (b) H. E. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1946 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from Feb 28
1946 to March 4 1946
that I last saw her alive on March 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Duration unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Jones (M. D. or other) _____
Address Tilbourn Mo Date signed 3-6-46

218

(Licensed Embalmer's Statement on Reverse Side)

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

9136

MAR 25 1946

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.