

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **192**

1. PLACE OF DEATH:

(a) County **Booper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**At home.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **----**  
In this community **All of life.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** + (b) County **Cooper**  
(c) City or town **Boonville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **517 Fourth St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **----**

3. (a) PRINT FULL NAME **Alexander H. Stephens.**

3. (b) If veteran, name war **----**  
3. (c) Social Security No. **468-05-5658**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Doris Stephens.**  
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **May 7 1894**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **10** Days **23** If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Specialty items.**

12. Name **Alexander Stephens.**  
13. Birthplace **Boonville, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Adda Edgar**  
15. Birthplace **Boonville, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Doris Stephens.**  
(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **April 1<sup>st</sup>/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Hollar**  
(b) Address **Boonville, Mo.**

19. (a) **3/3/46** (b) **Clay W. Moore**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**  
year **1946** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 1**  
19**46** to **March 30** 19**46**  
that I last saw h. **em** alive on **March 30** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coma**  
Due to **Cerebellar Tumor (Malignant)**  
Due to **56d**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **Tumor not removable**  
Of operations **None made**  
Of autopsy **None made**

Duration **130 d**  
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 **Alta Ravn...** (M. D. or other)  
Address **Boonville, Mo.** Date signed **4.1.46**

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

11577

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-15-76

SEP 14 1956

SEP 6 1956

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Roanoke, 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.