DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24039

State File No.

FILED JUL 25 1946

Registration District No. 12-4

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1201 Pennsylvania /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1201 Pennsylvania 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Hugh Jackson Stephenson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: May Stephenson

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

7. Birth date of deceased: July 18, 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	22	hr. min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: --Apartment-Owner

11. Industry or business: Brakeman Mo. Pacific Railroad

12. Father's name: Miller Stephenson

13. Birthplace: Greenfield, (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name: Ozina Smith

15. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. May Stephenson

(b) Address: 1201 Pennsylvania, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: 1502 Joplin, Joplin, Mo.

19. (a) 7-15-46 (Date received local registrar) (b) Ed D. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 10 year: 1946 hour: 5 minute: 45 A.M.

21. I hereby certify that I attended the deceased from 4 July 1, 1946, to 10 July 1946, that I last saw him alive on 10 July 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular Renal Disease	3yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma; Generalized Hand & Arthritis	

Major findings:
Of operations
Of autopsy

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: 628½ Main St. Joplin Mo. Date signed: 7-11-46

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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jasper

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of September, 1946, before me appears May Stephenson, who, upon her oath, states that the original record of ~~birth~~ death for Henry Jackson Stephenson ~~born~~ died July 10, 1946, in the State of Missouri, and which was filed at Jefferson City on July 28, 1946, should be corrected as follows:

Item No. 10. should read Brakeman for Missouri Pacific Railroad

Instead of Apartment Owner

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. May Stephenson Wife
Relationship.

1201 Pennsylvania, Joplin, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of September, 1946

My Commission expires January 30, 1950

Bernie Rogers Notary Public.

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