S. No. 2
M—2-43
. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32710

FILED OCT 17 1946

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 244

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 625 A Washington Av
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 625 Washington Av 4
(If rural, give location) 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Bell Stephens
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife L P Stephens
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Sept 8 1874 (Month) (Day) (Year)
8. AGE: Years 72 Months 1 Days 2 If less than one day hr. min.
9. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name George W Moore
13. Birthplace Dr (City, town, or county) Ky (State or foreign country)
14. Maiden name Elizabeth Byers
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Leon Stephens
(b) Address 1075 S Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 - 46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem
18. (a) Signature of funeral director R O Willett
(b) Address Columbia Mo
19. (a) 10-11-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1946 hour 6:45 minute 6:45 P.M.
21. I hereby certify that I attended the deceased from Aug 6, 1946 to Oct 10 1946, 1946 that I last saw her alive on 10/10/46, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	5 da
Due to Hypertension	years
Due to Brights Disease	years
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature F B Williamson M.D. (M. D. or other)
Address Columbia Mo Date signed 10/11/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-15-56

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 Lyman N. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.