

FILED NOV 12 1946

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Cauthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot 78
(c) City or town Cauthersville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 West ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David Stepps

3. (b) If veteran, name war World war #2 3. (c) Social Security No. ---

4. Sex M 2 5. Color or race Wgn. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Stepps 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 4 1919
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Labour.

11. Industry or business _____

12. Name David Stepps 9

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

14. Maiden name unknown

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

16. (a) Informant Elizabeth Stepps 1

(b) Address Newport Ark

17. (a) Removal (b) Date thereof 10-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newport Ark

18. (a) Signature of funeral director W. W. Co. of a large ind. Co.
(b) Address Cauthersville Mo.
19. (a) 11-7-46 (b) Jessie B. Hicks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from no medical attention 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in left breast by 4.10 shot gun.

Due to _____

Due to _____

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

Major findings: Of operations 16 Of autopsy _____

Duration
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) Homicide

(b) Date of occurrence 10-29-1946

(c) Where did injury occur? Cauthersville pemscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Restaurant (Specify type of place)
(e) Means of injury Gun shot

23. Signature W. W. Co. of a large ind. Co. (M.D. or other)
Address Sauyer Bldg. Date signed 11-4-46

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

11-46-233

APR 25 1940

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 Nol C. Dear

Licensed Embalmer No. 3941

P. O. Address Canthensville, 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.