

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35821

State File No. \_\_\_\_\_

Registration District No. 331

Primary Registration District No. 6113

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Benton Rural Moreland Twp.  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 6 Mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott / 100

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Babe Lorene Stephens

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1946 hour 8 minute 45 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married; divorced Divorced

6. (b) Name of husband or wife Steve Stephens

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

7. Birth date of deceased: July 26, 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 23, 1946 to October 10, 1946, that I last saw her alive on October 10, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

37 2 14 hr. \_\_\_\_\_ min.

Immediate cause of death: Uremia

Due to Chronic Nephritis (Diffuse)

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pulmonary Tuberculosis (?) (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name George Hodgkiss

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

14. Maiden name Emma Finley

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 1318

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Matt Holman

(b) Address Benton Mo

17. (a) BURIAL (b) Date thereof 10-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem S. Reston Mo

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

(b) Address Chaffee Mo

19. (a) 10/12/46 (b) Thelen Helen Walker  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature M. P. Bryan (M. D. or other) DD

Address Benton Mo Date signed 10/21/46

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

RECEIVED

District Health Office No.

District File Number 1046-125

Date Filed 10-16-46

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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 Mamie Bupplinghoff

Licensed Embalmer No. 3272

P. O. Address Chaffee 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.