S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10372

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital ~~or institution~~: Mc Carmick Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton 21

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 2 miles South of Keytesville (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ✓ years. 1

3. (a) PRINT FULL NAME GEORGE EDGAR STEPHENS

3. (b) If veteran, name war No

3. (c) Social Security No. 499-07-1859

4. Sex Male O

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Mary May Stephens

6. (c) Age of ~~husband~~ or wife if alive 51 years

7. Birth date of deceased Sept (Month) 16 (Day) 1885 (Year)

8. AGE: Years 61 Months 4 Days 25 If less than one day ___ hr. ___ min.

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

10. Usual occupation Carpenter

11. Industry or business ~~Henry S. Stephens~~

FATHER
12. Name Henry S. Stephens
13. Birthplace Don't know (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Mary Elethrop
15. Birthplace Don't know (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Mary Stephens

(b) Address Keytesville Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 16-1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Keytesville

18. (a) Signature of funeral director Hoch & Gunett

(b) Address Keytesville Mo.

19. (a) Mch 16-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1947 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from MARCH 8, 1947, to MARCH 13, 1947 that I last saw him alive on MARCH 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL THROMBUS	1 WEEK
PARALYSIS LEFT SIDE	
Due to	
Due to	
Other conditions THROMBUS RIGHT LEG (ARTERY) (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 2

23. Signature E. L. Eichhorn D.O. (M.D. or other)

Address Salisbury Mo Date signed MARCH 15, 1947

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-558
Date Filed MAR 24 1947

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 H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytsville Mo

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

If this body is not embalmed, above space should be left blank.