. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1947
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 30948
Registrar's No. 858

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 191 Days (Specify whether years, months or days)
In this community: 191 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: Roger Mills
(c) City or town: Hammon (If outside city or town limits, write "RURAL")
(d) Street No.: Box 325 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edgar E. Stephens
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lucille
6. (c) Age of husband or wife if alive: 20 years
7. Birth date of deceased: June (Month) 8 (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
30	3	22	hr. min.

9. Birthplace: Dustin (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business:
MOTHER FATHER
12. Name: Charles A Stephens
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Etta James
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Correspondence Folder
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Thomas Funeral Home
(b) Address: Springfield Mo
19. (a) 10-1-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 29 year 1947 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from March 19, 1947 to September 29, 1947; that I last saw him alive on September 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced. Tuberculosis, peritoneum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Same as above	

PHYSICIAN — Underline the cause of 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)
(e) While at work? (e) Means of injury
23. Signature: Paul Clark (M. D. or other)
Address: VAH, Springfield, Mo Date signed 9/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Scharff

Licensed Embalmer No. 3810

P. O. Address Springfield, 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.