S. No. 2
M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37338

FILED DEC 2 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 360

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days
(Specify whether years, months or days)

In this community: all of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Gir

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 2208 S. Sprigg St
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: MARGIE MARIE STEPHENS

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Child

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: April (Month) 2 (Day) 1947 (Year)

8. AGE: Years | Months: 7 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child.

11. Industry or business: —

FATHER
12. Name: John Stephens
13. Birthplace: Greenville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Edith Burlbaugh
15. Birthplace: Fredericktown (City, town, or county) Mo (State or foreign country)

16. (a) Informant: John Stephens
(b) Address: 2208 S. Sprigg St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 23 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: H. H. Kelley
(b) Address: Sikeston Mo

19. (a) 11-24-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21. year 1947 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 17 1947 to Nov. 21 1947 that I last saw him alive on Nov. 18 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to:	
Due to:	
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: A. M. Murphy (M. D. or other)
Address: Cape Girardeau Date signed Nov 22 1947

(Licensed Embalmer's Statement on Reverse Side)

314

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District Health Officer No. 4

District File Number 1247-1429

Date Filed 12-1-47

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.