. S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9045

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 66

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 867 E. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 867 E. Third St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME CLARA STEPHENS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female 3
5. Color or race colored
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife James Stephens
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November (Month) 12 (Day) 1884 (Year)

8. AGE: Years 63 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired housewife
11. Industry or business at home
FATHER
12. Name Henry Tidwell
13. Birthplace unknown (City, town, or county) S. Carolina (State or foreign country)
MOTHER
14. Maiden name Jane Gibson
15. Birthplace unknown (City, town, or county) Texas (State or foreign country)
16. (a) Informant Mr. Gus W. Tidwell
(b) Address Winfield, Kansas.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 3-18-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1948 hour 2 minute 15 p M.

21. I hereby certify that I attended the deceased from Jan 1947 to Mar 16 1948
that I last saw her alive on Mar 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 932

Major findings:
Of operations

Of autopsy

Duration
yrs

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)
While at work? (e) Means of injury

23. Signature H. Byrd Wm (M. D. or other)
Address Carthage Mo Date signed 3-17-48

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

48-2-173

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.