

No. 300
1-10-47
5-17-39
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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16851

FILED JUN 1 1948
Registration District No. 175

Primary Registration District No. 5646

Registrar's No. 46

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

155
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1. PLACE OF DEATH: LAWRENCE COUNTY
(a) County RT MARIONVILLE
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
N BUCK PRAIRIE TWS RURAL
(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 3 YEARS (Specify whether years, months or days)
In this community 3 YEARS (Specify whether years, months or days)

3: (a) PRINT CHARLES BENJIMAN STEPHENSON
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ROSETTA 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased OCTOBER 28 1859
(Month) (Day) (Year)

8. AGE: 88 Years 6 Months 15 Days If less than one day hr. min.

9. Birthplace OSCTOLA IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM J. STEPHENSON
13. Birthplace ALA.
(City, town, or county) (State or foreign country)
14. Maiden name POLLY PERKINS
15. Birthplace PENN.
(City, town, or county) (State or foreign country)

16. (a) Informant BENNIE STEPHENSON
(b) Address RT 1 MARIONVILLE, MO.
17. (a) REMOVAL (b) Date thereof MAY 15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HARTWICH IOWA

18. (a) Signature of funeral director J.B. Curridge
(b) Address MARIONVILLE MO
19. (a) May 15-48 (b) Oran Mc Natt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LAWRENCE
(c) City or town MARIONVILLE R 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY 13 day _____
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 13, 1948 to May 13, 1948;
that I last saw him alive on May 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 2 hrs

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16 2 10

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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Charles A. Speers (M. D. or other) MD
Address Bellings, MO Date signed 5-14-48

RECEIVED

District Health Officer No. 6,
District File Number 548-657

Date Filed MAY 27 1948

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.....

William A. Fulk

Registered Apprentice No. 29

working under my personal supervision.

Signed Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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.