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21452

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31244

State File No. _____

REGISTRATION DISTRICT NO. 1

Primary Registration District No. 1

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street name or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME Mary Jane Stevens

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William B. Stevens

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 30 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Hamilton Co., Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Bryan Anderson

18. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Dupree

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant William B. Stevens

(b) Address Queen City, Missouri

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 9-23-40
(Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cemetery

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo

19. (a) Sept. 27/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1940 hour 2 minute 20 p. m.

21. I hereby certify that I attended the deceased from Feb
1940 to Sept 21, 1940
that I last saw her alive on Sept 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
& myocardial degeneration

Due to Arteriosclerosis

Due to _____

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

3 While at work? (Specify type of place) (e) Means of injury 3

23. Signature Spencer L. Freeman (M. D. or other) DO
Address Kirksville, Mo Date signed 9/22/40

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-2002

Date Filed OCT. 24 1940

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.....

No. Embalming Husband Request, Registered Apprentice No.
working under my personal supervision.

Signed Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kingsville Tex

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

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