S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14208

Registration District No. 157 Primary Registration District No. 4091 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 ____ (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Pleasant Hill MO. 2
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Celia Stevens

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife / Flem Stevens 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May (Month) 12 (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	11	6	____ hr. ____ min.

9. Birthplace Russell VA. / ____
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business ____

FATHER
12. Name William Gilbert
13. Birthplace Russell Co. / Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wallice
15. Birthplace Russell Co. / Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Cleve Stevens
(b) Address Pleasant Hill Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit MO

18. (a) Signature of funeral director A W Brown July
(b) Address Pleasant Hill MO.

19. (a) 4-19-41 (Date received local registrar) (b) Mrs Etta M. Aldridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from Feb 20-41
____ 1941 to April 18 1941;
that I last saw her alive on Apr 18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	10 yrs
Senility	15 yrs
Due to age	
Due to age	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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 E A Albers (M. D. or other) 0
Address Pleasant Hill MO Date signed 4-18-41

(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 By me April 19-1941, Registered Apprentice No. ....., working under my personal supervision.

Signed A W Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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, above space should be left blank.