

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16199

State File No. _____

Registrar's No. _____

Registration District No. 904

Primary Registration District No. 6215

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural Union township
(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 10 yrs. years, months or days

3. (a) PRINT FULL NAME FRED GLEN STEVENSON

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife John Stevenson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1900 (Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 05 If less than one day hr. min.

9. Birthplace Bushnell Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles E. Stevenson
13. Birthplace Chesapeake Bay, Md. (City, town, or county) (State or foreign country)
14. Maiden name Ann Dadd
15. Birthplace Chesapeake Bay, Md. (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Stevenson
(b) Address Washington, D.C.

17. (a) Burial (b) Date thereof 4-18-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel cemetery

18. (a) Signature of funeral director Arch C. Duffer
(b) Address Grant City, Mo.

19. (a) April 18, 1941 (b) Mrs. O. R. Bond (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grant City, MO. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1941 hour 10⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 18 to April 14, 1941; that I last saw him alive on April 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of heart Duration 2 yrs.

Due to ✓

Due to ✓

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

Major findings: Of operations ✓ Of autopsy none

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? 826 (Specify type of place)
While at work? _____ (e) Means of injury ✓

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4/24/41

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

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.....

Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address *Grant City, Mo*

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.