

FILED AUG 15 1949

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24701  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Camden Registration District No. 119  
 (b) Township Jackson Primary Registration District No. 5171  
 (c) City Montreal Mo (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 64 yrs. 12 mos. 00 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Elvira Stevens  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Stevens 1874

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64      10      10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, Bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co, Mo.

FATHER  
 13. NAME D. J. Mills  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER  
 15. MAIDEN NAME Margaret Anne  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Sam Stevens  
Montreal, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Elon Grove DATE July 31, 1949

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Clark  
St. Louis, Mo

20. FILED Aug 4, 1949 Mr. W. J. Clark  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1949

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1941 to July 31, 1949  
 I last saw her alive on July 28, 1949. Death is said to have occurred on the date stated above, at 5 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis

Date of onset 40

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. G. Glabbe, M.D.  
 (Address) Camden, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1304

Date Filed 8-13-41

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**