No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28329

FILED SEP 15 1941

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 680

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) 0

In this community

2. USUAL RESIDENCE OF DECEASED: 022 0 0

(a) State Missouri (b) County Christian

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

(d) Street No. (If rural, give location) 1

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

3. (a) PRINT FULL NAME Etta Stevens

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race wh.

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

6. (b) Name of husband or wife Mr. W.H. Stevens.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. (Month) 18 (Day) 93 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	6	3	hr. min.

9. Birthplace Janey Co. Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Dall Hobbs.
13. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Alice Caudle
15. Birthplace Janey Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. W.H. Stevens

(b) Address Chadwick, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 22 (Day) 1941 (Year)

(c) Place: burial or cremation Garrison, Missouri

18. (a) Signature of funeral director J. N. Bevans

(b) Address Fordyth Mo.

19. (a) 8-22-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 1 minute a.M.

21. I hereby certify that I attended the deceased from 8-9, 1941, to 8-21, 1941; that I last saw her alive on 8-20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Typhoid, bronchial pneumonia	
Due to Typhoid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. D. Roper (M. D. or other) MD

Address Ozark, Mo Date signed 8-21-41

984 (Licensed Embalmer's Statement on Reverse Side)

JUL 21 1953

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 wi the above constitutes grounds for revocation of license.)

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