

41307

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 39

Primary Registration District No. 4023

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Golden City  
(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 2 yrs  
years, months or days8. (a) PRINT FULL NAME GEORGE ALBERT STEVENS3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. 14. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Lillie Stevens 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased April 13 1874  
(Month) (Day) (Year)8. AGE: Years 67 Months 7 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Clay Center, Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Rev. T. Stevens13. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name Parthena Neese15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Lillie Stevens(b) Address Golden City, Mo.17. (a) Burial (b) Date thereof Dec. 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation D.P. Cem. Golden City, Mo.18. (a) Signature of funeral director E. A. Miller(b) Address Golden City, Mo.19. (a) Dec 10/41 (b) Mon Margaret S. Fry  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton(c) City or town Golden City  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4  
year 1941 hour 7 minute 15 P. M.21. I hereby certify that I attended the deceased from Nov 11, 1941 to Dec 4, 1941  
that I last saw him alive on Dec 3, 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Septicemia Duration 8 moDue to Remolytic Streptococcus

Due to \_\_\_\_\_

Other conditions 24a  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Manner of injury \_\_\_\_\_

23. Signature James Chittum (M. D. or other) \_\_\_\_\_Address Hannu, Mo. Date signed 12/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 5-17-39  
U.S. GPO 1 X19311

RECEIVED

District Health Officer No. 6,

District File Number 142-34

Date Filed JAN 6 1942

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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..... *M. Pugh* .....

Licensed Embalmer No. 3278

P. O. Address Golden 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, above space should be left blank.**