

DEC 29 1941

Registration District No. 74

Primary Registration District No. 4042

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Home - Hallsville
(If not in hospital or institution, write street number or location)

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

In this community 30 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME LEONE STEVINSON

8. (b) If veteran, name war None 8. (c) Social Security No. None

5. Color or race Female white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. Stevinson 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased Feb 18 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace (Unknown) / Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Ch. Home

11. Industry or business _____

12. Name Lillian Stevinson

13. Birthplace (Unknown) / Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Page

15. Birthplace (Unknown) / Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant L. Stevinson

(b) Address Hallsville Mo

17. (a) Burial (b) Date thereof Mar 19 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Top Cem.

18. (a) Signature of funeral director W. G. ...

(b) Address ... Columbia Mo

19. (a) 11-19-41 (b) Mrs. L. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hallsville
(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 Nov day 18
year 1941 hour 7:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 5 1941
to Nov 18 1941

that I last saw a alive on Oct 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Ch. Myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations _____
Of autopsy _____

Duration 5 yrs.

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Frank W. ... (M. D. or other) 0
Address Columbia Mo Date signed _____

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

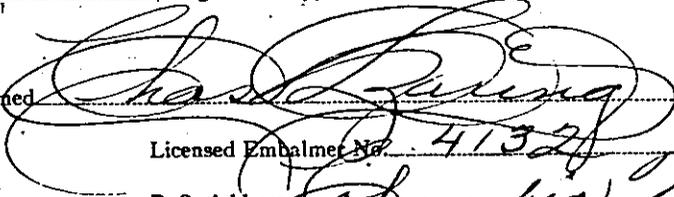
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 41324

P. O. Address Columbia, 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.