

FILED NOV 13 1942

Registration District No.

Primary Registration District No. 4164

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Altamont, Mo.
 (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.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME Albert Stephens
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife CCC
 6. (c) Age of husband or wife if alive CCCC years
 7. Birth date of deceased APR 18th 1913
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>6</u>	<u>XX</u>	<u>hr. VV min.</u>

9. Birthplace Hamilton Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farm Labor

11. Industry or business
 12. Name Walter Stephens
 13. Birthplace Clinton County Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Austin
 15. Birthplace Altamont Caldwell Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. L. Stephens
 (b) Address Altamont, Mo.
 17. (a) Burial (b) Date thereof Oct. 20, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Ayre Cemetery, Altamont

18. (a) Signature of funeral director Cameron
 (b) Address Cameron, Mo.
 19. (a) Oct 20-1942 (b) L. O. Dickerson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
 (c) City or town Altamont,
 (If outside city or town limits, write "RURAL")
Jefferson Twp. Rural
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 18th
 year 1942 hour 11:00 minute 3 M.
 21. I hereby certify that I attended the deceased from Oct 12th
1942, to Oct 18th, 1942;
 that I last saw him alive on Oct 17th, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardio-Renal Disease. Chronic.
 Duration From history several years
 Due to.....
 Due to.....
 Other conditions 131a
 (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? MO.
 (Specify type of place)
 While at work?..... (c) Means of injury.....
 23. Signature Frank Wilson (M. D. or other) MN
 Address Waverly Date signed 10-20

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 *Cammer*

Licensed Embalmer No. 1180

P. O. Address ~~Cammer~~
Cammer
MD

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.