

FILED DEC 7 1942

Primary Registration District No. 6196

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Rural Branson
(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 4 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Branson - Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME VAN EVERY STEVENS

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1942 hour 10 minute — P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Chas. Dec.

6. (c) Age of husband or wife if alive 48 1/2 years

7. Birth date of deceased: Dec. 18 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 10 1942 to Nov. 15 1942
that I last saw him alive on Nov. 8 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 3
If less than one day — hr. — min.

9. Birthplace: Winterset Iowa
(City, town, or county) (State or foreign country)

Immediate cause of death: acute Paraneoplastic Myofibrillitis

Due to Unknown

10. Usual occupation Farmed

11. Industry or business —

12. Name —

13. Birthplace — 9
(City, town, or county) (State or foreign country)

14. Maiden name —

15. Birthplace — 9
(City, town, or county) (State or foreign country)

Other conditions: Enlarged Prostate Gland
(Include pregnancy within 3 months of death)

Major findings: —

Operations: —

Of autopsy: —

16. (a) Informant Branson no

(b) Address ms. Stevens

17. (a) Buried (b) Date thereof: Nov 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson

18. (a) Signature of funeral director: R.O. Wheeler

(b) Address Branson no

19. (a) Nov. 11 1942 (b) Mary Muller
(Date received local registrar) (Registrar's signature)

PHYSICIAN —

Underline the cause to which death should be charged statistically. 137a

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)

23. Signature Wm. B. Mitchell (M. D. or other) —

Address Branson Date signed 11/16 42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1670

Date Filed DEC 4 1942

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.....

not

....., Registered Apprentice No.....

working under my personal supervision.

Signed Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Bronson 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, fact should be so stated above.