

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5774**
Registrar's No. **H 4**

FILED FEB 13 1943
Registration District No. **38**

Primary Registration District No. **4038**

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(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 years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw
(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 Lula K. Stevenson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1943 hour 4 minute _____ P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arthur Stevenson

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

7. Birth date of deceased Oct. 16 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1942 to Jan 4 1943

that I last saw her alive on Jan 4 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death Chronic Myocarditis 1 yr

Duration 1 yr

9. Birthplace New Sharon Iowa
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housewife

Other conditions sterility
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Jacob U. Lewis

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

14. Maiden name Sarah C. Parrish

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Christensen

(b) Address Chickasaw, Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1943
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Balliette Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) 1-6-43 (Date received local registrar) (b) Jas A. Logan (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wusschall (M. D. or other) PP

Address Warsaw Mo Date signed 1/4/43

RECEIVED

District Health Officer No. 7,

District File Number 1-43-14

Date Filed 2-3-43

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. 3053

P. O. Address Warsaw, Missouri.

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.