

U.S. No. 2  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13982

State PR# No. \_\_\_\_\_

Registrar's No. 73

Registration District No. 109

Primary Registration District No. 4092

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 62 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Archie Mo  
(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. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Nancy Ann Stevens

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 23 - 1956  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 3 3 hr. 4 min.

9. Birthplace Putnam County Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

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

12. Name James Dorsett

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

14. Maiden name Lydia Bray

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

16. (a) Informant Mrs. Ella Gross

(b) Address Archie Mo

17. (a) Buried (b) Date thereof 2-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everett Mo

18. (a) Signature of funeral director Alvin Bray

(b) Address Archie Mo

19. (a) April 13, 1943 (b) Margaret T. L.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26<sup>th</sup>  
year 1943 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan. 5  
1943 to Feb. 24 1943  
that I last saw her alive on Feb. 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, bronchial

Due to general debility

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

Other conditions (Include pregnancy within 3 months of death) 101

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) Means of Injury \_\_\_\_\_

23. Signature E. E. Robinson (M. D. or other) \_\_\_\_\_

Address Archie, Mo. Date signed 2-8-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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

*Floyd Atkinson*

Licensed Embalmer No.

*3920*

P. O. Address

*Harrisonville*

**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.**