V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17570

State File No.

FILED MAY 20 1943

Registration District No. 53 — Primary Registration District No. 5790 — Registrar's No. 52

17
0
0

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Carrollton Twp (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17 0 0

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

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William L. Stephens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife May Skatto

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

7. Birth date of deceased July (Month) 5 (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Grover Skatto

(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo.

19. (a) 4-26-43 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1943 hour 5 minute 00 P.M. M.

21. I hereby certify that I attended the deceased from April 1 1943 to April 24 1943 that I last saw him alive on April 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency — Duration years

Due to: Infirmities of old age

Due to:

Other conditions (Include pregnancy within 3 months of death) 92 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Hamilton Stator M.D. or other

Address Carrollton Mo. Date signed April 25 1943

1053

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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 Ben W. Gibson

Licensed Embalmer No. F 296

P. O. Address Carrollton 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.