V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18554

FILED MAY 18 1943

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison
(c) City or town Tarkio-Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 1

3. (a) PRINT FULL NAME Melinda Stevenson Knepper

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 1 5. Color or race white 6. (a) Single, widowed, married, divorced 1 mar

6. (b) Name of husband or wife Jno. Wm Knepper 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov (Month) 29 (Day) 1881 (Year)

8. AGE: Years 61 Months 5 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jno. A. Stevenson
13. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name ~~Melinda~~ H. Mary Emma Kerr
15. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Jno. W. Knepper
(b) Address Tarkio Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Mo

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio Mo.

19. (a) May 10, 1943 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from May 6 1943 ..... 19 ..... to May 8-1943 19 ..... that I last saw her alive on May 8-1943 19 ..... and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from General Septicemia

Due to following a septic sore throat.

Due to .....

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

Major findings:
Of operation ✓

Of autopsy .....

115 b

Duration

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 Chas. T. Bell (M. D. or other)
Address Maryville, Mo. Date signed May 11-1943

1268

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.