

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18853
Registrar's No. 37

FILED JUN 14 1943
Registration District No. 1

Primary Registration District No. 3057

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

1. PLACE OF DEATH: Ray
(a) County.....
(b) City or town..... Richmond Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
In this community. Since 1872.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. Ray Mo. (b) County. Ray
(c) City or town. Richmond Mo.
Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No
U.S.A. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME. Emma Barger Steva

3. (b) If veteran, None name war. 3. (c) Social Security No. None

4. Sex. Female / 5. Color of race. White
6. (a) Single, widowed, married. Divorced
6. (b) Name of husband or wife. E.L. Steva Deceased
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Nov. 9 1856.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 4 30 hr. min.

9. Birthplace. Adams Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation. House Wife

11. Industry or business. Christopher Barger

12. Name. Penn.

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

14. Maiden name. Catherine Hannah Penn.
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Dr. H. M. Griffith
(b) Address. Richmond Mo.

17. (a) Burial (b) Date thereof. 5-11-43.
(Burial, cremation, or removal) (Month) (Day) (Year)
Todd Chapel
(c) Place: burial or cremation

18. (a) Signature of funeral director. J. B. Brothers
Richmond Mo.
(b) Address

19. (a) May 12 1943 (b) Mrs. Chas. W. Shippert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 5-1-43 to 5-8-43
that I last saw her alive on 5-8-43 and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchial Pneumonia

Due to Streptococcus Septicemia

Due to Erysipelas

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

Major findings: Of operations. Of autopsy.

Duration
1 day
7 days
7 days
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?

While at work (Specify type of place) (e) Means of injury.....

3. Signature. J. S. [Signature] (M. D. XXXX)
Address. Richmond, Mo. Date signed 5-10-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-11-43

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.....

J.B. Brothers

working under my personal supervision.

Registered Apprentice No.....

Brothers Funeral Home

Signed.....

J.B. Brothers

2001.

Licensed Embalmer No.....

P. O. Address Richmond 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.