

FILED SEP 14 1943

Registration District No. **17**

Primary Registration District No. **5027**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Atchison**
 (b) City or town **Rural Colfax**
 (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: **55 years** (Specify whether years, months or days)

3. (a) PRINT **Sophia Francis Stevens**
FULL NAME

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 **R B Stevens** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January-6th 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel May**

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

MOTHER { 14. Maiden name **Eliza Burns**

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

16. (a) Informant **Jim Stevens**
(b) Address **Tarkio, Missouri**

17. (a) **Burial Cemetery** (b) Date thereof **July-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **London Cemetery**

18. (a) Signature of funeral director **Westboro Missouri**
(b) Address _____

19. (a) **July 22 43** (b) **Dr. H. D. Cunningham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
 (c) City or town **Rural**
 (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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **19th** day **July**
 year **1943** hour **9 30** P minute _____ P M.

21. I hereby certify that I attended the deceased from **8/29/43**, 19____, to **7/12/43**, 19____;

that I last saw her alive on **7/12/43**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **brain tumor** ✓ **2yr**
 Duration

Due to _____

Due to _____

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

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? _____

23. Signature **W. R. Bedford** + **DO**
Tarkio, Missouri (M. D. or other) **7/24/43**
 Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

01

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Scott Tucker

Registered Apprentice No.

working under my personal supervision.

Scott Tucker

Signed

Scott Tucker

Licensed Embalmer No.

2824

P. O. Address **Westboro - Miss**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town
(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

In this community years, months or days)

3. (a) PRINT FULL NAME

Sophia Francis Stever

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan. 6 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 year 43 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 19.....; that I last saw him 19.....; and that death occurred on the date and hour stated above. Immediate cause of death: Brain tumor

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 56d

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?

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

23. Signature M. D. Redford (M. D. or other) D.O.

Address Atchison, Mo. Date signed

SUPPLEMENTARY

MOTHER FATHER

27568