

FILED JAN 25 1944

State File No. 114

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1021 E. Kearney 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
(Specify whether years, months or days)
 In this community 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
 (c) City or town Elkland
(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 _____

3. (a) PRINT FULL NAME MARY ANN STEVER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased May 3 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 81
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Dock Mallard

13. Birthplace unk. Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Carter

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

16. (a) Informant Franko F Stever
 (b) Address 1921 E. Kearney, Spfld, Mo

17. (a) Burial (b) Date thereof Jan 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stevens Cemetery

18. (a) Signature of funeral director A J Jones
 (b) Address 1215 E. Mo

19. (a) 1-14-44 (b) JK or WJ Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 1944
 hour 6 minute 10 am

21. I hereby certify that I attended the deceased from 1-3-1944 to 1-12-1944
 that I last saw her alive on 1-11-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast
 Duration _____

Due to _____
 Due to _____

Other conditions Hof
(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) _____
 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 W J Kelly (M. D. or other) _____

Address Springfield Date signed 1-14-44

STATE BOARD OF HEALTH OF MISSOURI - MAKE A PERMANENT RECORD

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 70

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

If this body is not embalmed, fact should be so stated above.

X