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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Ds. W. W. Wilson
Sp. 0685

State File No. 3

Registration District No. 67 Primary Registration District No. 5261 Registrar's No. 56

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Garrison, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Garrison Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22

(c) City or town Garrison 0
(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 0

3. (a) PRINT FULL NAME Jason Stevens

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 1

6. (b) Name of husband or wife Calla Stevens

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October (Month) 23 (Day) 1873 (Year)

8. AGE: Years 70 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation farmer & postmaster

11. Industry or business

FATHER
12. Name Henry Stevens
13. Birthplace ? (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Elizabeth Skaggs
15. Birthplace ? (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Beula Stevens
(b) Address Garrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Garrison Cemetery

18. (a) Signature of funeral director L. C. Holt, Funeral Home
(b) Address Garrison, Arkansas

19. (a) 4-8-1944 (Date received local registrar) (b) Mrs S. M. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th 1944
year 4 hour 30 minute a. M.

21. I hereby certify that I attended the deceased from Jan. - 12 - 1944, to March - 5 - 1944;
that I last saw him alive on March - 4 - 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilation Myocardial	
Due to Chronic Myocarditis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 2

23. Signature Warren W. Wilson Mo. Lic. 4460 (M. D. or other)
Address Sparta, Mo. Date signed

1258

(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.