

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 14005

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico Mo 1
(If outside city or town limits, write "RURAL") S. Union

(d) Street No. 915
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William F. Stevenson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced 0 S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Dec. 22, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	12	hr. min.

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

10. Usual occupation Retired Shoe Worker

11. Industry or business International Shoe Co.

12. Name Robert Stevenson

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

14. Maiden name Mary S. Barton

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

16. (a) Informant Mrs. Bertha Mitchell

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 4/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chris Cassidy

(b) Address Mexico, Mo.

19. (a) 4/4/44 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
 year 1944 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from April 2 1944, to 4-5- 1944;

that I last saw him alive on 4-4- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
uremia

Due to

Due to

Other conditions 13/a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury —

23. Signature Harry F. O'Brien (M. D. or other) 0
 Address Mexico, Mo. Date signed 4-5-44

Duration	PHYSICIAN
	Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-923

Date Filed MAY 12 1944

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

Clara Unisced Jr

Licensed Embalmer No.

3569

P. O. Address

Mexico, Tex

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.