

FILED APR 28 1944
Registration District No. **4186**

Primary Registration District No. **4186**

Registrar's No. **6**

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

6
4
0

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Sullivan**
(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) **yoa**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Sullivan** **36**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **4**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **MARGRET R. STEVENS**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 6 - 1859**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **Leasburg Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wesley Rufus Parsons**

13. Birthplace **Leasburg Mo. O**
(City, town, or county) (State or foreign country)

14. Maiden name **Parson Brown**

15. Birthplace **Leasburg Mo. O**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josiah Pickens**

(b) Address **Sullivan Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-15-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mc Nichols Cem.**

18. (a) Signature of funeral director **Albert Chong**

(b) Address **Doubouy Mo**

19. (a) **3/14/44** (Date received local registrar) (b) **Sullivan Sullivan** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13** year **1944** hour **7** minute **15** M.

21. I hereby certify that I attended the deceased from **March 9** 1944, to **March 13** 1944, that I last saw her alive on **March 13** 1944, and that death occurred on the date and hour stated above.

Immediate cause of death **Sept heart failure**

Due to **Broncho pneumonia**

Due to **fall in home 3/13/44 fracture of humerus**

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

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **3/13/44**

(c) Where did injury occur? **at home - Sullivan Franklin**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

While at work? **no** (Specify type of place) (e) Means of injury **fall**

23. Signature **Sullivan** (M. D. or other) **0**

Address **Sullivan Mo** Date signed **3/14/44**

Duration **3 Days**
7 Days
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAY 2 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

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. ~~3504~~

working under my personal supervision.

Signed

Elbert Ed Long

Licensed Embalmer No. 3504

P. O. Address Boston, Ma.

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.