

FILED JUN 28 1944

Registration District No. 20

Primary Registration District No. 4315

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon  
 (b) City or town Laklata  
 (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 1 (Specify whether)  
 In this community 10 yrs years, months or days

3. (a) PRINT FULL NAME Namilton Ross Stevens

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 494-10-9764

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Maudie Stevens 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased man 14 (Month) 1875 (Day) (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Restaurant Proprietor

11. Industry or business

12. Name Buel Stevens  
 13. Birthplace Indiana (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Namilton  
 15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Maudie Stevens  
 (b) Address Laklata Mo

17. (a) Burial (b) Date thereof June 8-1944 (Month) (Day) (Year)  
 (c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director H. S. Christie  
 (b) Address Laklata Mo

19. (a) 6-17-44 (b) Thina Louch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 9 minute 17 a.m.

21. I hereby certify that I attended the deceased from June 9 to June 17 1944  
 that I last saw him alive on June 16 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Coronary thrombosis

Due to arterio-sclerosis & extensive venous disease in both legs.  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a  
 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?

(Specify type of place) While at work (e) Means of injury  
 23. Signature Ralph W. Gillis (M. D. or other) SO  
 Address Laklata Mo Date signed 6/17/44

WRITE PLAINLY—USE UNFADING BLACK INK—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

*D. S. Christen*

Licensed Embalmer No.

*1109*

P. O. Address

*La Plata Mo*

**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.**