S. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9406

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution entire life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Salisbury 21
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Ella Stevenson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 2
5. Color or race Blk
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Arthur Stevenson
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan (Month) 30 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	2	6	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Ollie Lock
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Alice Doxey
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Arthur Stevenson
(b) Address Salisbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury
18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo
19. (a) 4/9/45 (Date received local registrar) (b) R A Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1945 hour 5 minute 45 a M.
21. I hereby certify that I attended the deceased from Dec 5, 1944, to April 6, 1945;
that I last saw her alive on April 5, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic rheumatic myocarditis; mitral stenosis	?
Due to	
Due to	
Other conditions chronic nephritis (Include pregnancy within 3 months of death)	1 mo

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)
(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 F L Hamm (M. D. or other) MD
Address Salisbury Mo Date signed 4-7-45

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 4/10/45

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.