

FILED MAY 16 1945

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio
(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 _____ (Specify whether years, months or days)
26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio rural
(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 _____

3. (a) PRINT FULL NAME VIOLA A. 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 wid

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

7. Name of husband or wife Wm Neuton Stevens

7. Birth date of deceased February 8 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation housekeeping

11. Industry or business _____

MOTHER FATHER

12. Name Nelson

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

14. Maiden name unknown

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

16. (a) Informant Wm. Stevens

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 4-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) April 14-1945 (b) Mrs. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 4-12-45, 19____, to 4-14-45, 19____;
that I last saw her alive on 4-14-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 day

Due to Pulmonary Infarct 2 weeks

Due to _____

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

Major findings:
Of operations 11/10

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. L. Barnard (M. D. or other) do

Address Tarkio, Mo. Date signed 4-17-45

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..... *Jno. M. Davis*

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.