S. No. 2
M—2-43
5-17-39
I X35697

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

8148

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 10 1946

State File No. 9222

Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: ----- Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community All her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katie Stemmons

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

4. Sex Female 3 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira Stemmons 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October (Month) 8, (Day) 1876 (Year)

8. AGE: Years 69 Months 4 Days 23 If less than one day ---- hr. min.

9. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Pete Jackman
13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Eubanks
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Burris
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hilldale Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 3-11-1946 (Date received local registrar) (b) Dorothy Fern Sabin (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 15, 1946, to March 1, 1946
that I last saw her alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Chr. Myocarditis — 6 mo.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94

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 W. C. Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 3-9-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number.....

Date Filed 4-10-46

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.