

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 377

Primary Registration District No. 6274

Registrar's No. 26

1. PLACE OF DEATH:

(a) County North
(b) City or town North 113
(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
In this community 17 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North 113
(c) City or town Dural
(If outside city or town limits, write "RURAL")
(d) Street No. Grant City, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER PHILIP STEVENSON

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha Bell Stevenson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 11 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 20
If less than one day: hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Philip Stevenson
13. Birthplace North 113
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bell
15. Birthplace North 113
(City, town, or county) (State or foreign country)

16. (a) Informant Zeva Stevenson
(b) Address Grant City, Mo.

17. (a) Removal (b) Date of removal 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Side, Mo.

18. (a) Signature of funeral director John C. Dwyer
(b) Address Grant City, Mo.

19. (a) April 3-47 (b) John E. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1947 hour 8 minutes 30 A. M.

21. I hereby certify that I attended the deceased from 3-29
9 1947 to 4-1 1947
that I last saw him alive on 4-1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Duration 2 days

Due to _____
Due to _____

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

Major findings: ✓
Of operations _____
Of autopsy no

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 John E. Dawson (M. D. or other) _____
Address Grant City, Mo. Date signed 4-1-47

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

13
00

DISTRICT HEALTH OFFICE
Canton, Md.

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.....

Jack C. Jumper

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, Md.

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.