

FILED OCT 27 1947

Registration District No. **187** Primary Registration District No. **3040** Registrar's No. **132**

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Pearl Stevens
3. (b) If veteran, name war: _____ **3. (c) Social Security No.:** _____
4. Sex: F **5. Color or race:** W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clyde Stevens **6. (c) Age of husband or wife if alive:** _____ years
7. Birth date of deceased: Oct 11/1886
(Month) (Day) (Year)

8. AGE:
 Years: 61 Months: 0 Days: 3
 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Housewife
Housework

11. Industry or business: Lorenza T Smart

12. Name: UNKNOWN **7**

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

14. Maiden name: Mary Alice Berry **9**

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

16. (a) Informant: Clyde Stevens

(b) Address: Sumner Mo.

17. (a) Burial **(b) Date thereof:** 10/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
Lakeside

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: L. J. Shepard
(b) Address: Sumner Mo.

19. (a) Oct-17-47 **(b) Frances B. Neill**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 14
 year 1947 hour 9:30 minute _____ M.
21. I hereby certify that I attended the deceased from: Oct 14 1947
 that I last saw her alive on Oct 14 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: acute peritonitis
 Due to: Cause unknown

Due to: _____
 Other conditions: none **129**
(Include pregnancy within 3 months of death)

Major findings: drainage abdomen
 Of operations: only
 Of autopsy: _____

Duration
10 days
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: P. D. Brennan (M. D. 10)
 Address: Chillicothe, Mo. Date signed: _____

10/17/1947

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *A. J. Lipson*.....

Licensed Embalmer No..... *3976*.....

P. O. Address..... *Wenden 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.