S. No. 300
M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 98

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4165

State File No. 12002

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin (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 1 (Specify whether
In this community Most of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin 1 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Ella Elizabeth Stevenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Alex Stevenson

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased December (Month) 10 (Day) 1878 (Year)

8. AGE: Years 69 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Utica (City, town, or county) Missouri 10 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George White
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Rebecca (Unknown)
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Lloyd Douglass
(b) Address 3832 Lloyd Street Kansas City Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 3 April 1948 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 1, 1948, to March 25, 1948, that I last saw her alive on March 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio vascular renal disease, Enlargement of heart, pulmonary edema	4 yrs
Due to Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 2

23. Signature Hon Bailey DD (M.D. or other)

Address Gallatin Mo Date signed 3/4/48

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Jackson

Licensed Embalmer No. 3302

P. O. Address Gallatin 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.