

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

36885  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3-0-32  
 (c) City Sedalia (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 312 JOHN RILEY STEVENS  
SEDLIA ROUTE 6 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvania Stevens  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
72 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

FATHER 13. NAME Stevens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo.

MOTHER 15. MAIDEN NAME Louisa Stephens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. W. S. Bolton  
 (ADDRESS) Sedalia R.R. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 10-9-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. Laughlin Bros  
Sedalia Mo

20. FILED 10-9- 19 39 Mrs Harry Sneed  
 (Special Registrar)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 9-27-1939 to 10-7-1939  
 I last saw him alive on 10-7-1939 Death is said to have occurred on the date stated above, at 10 a. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of breast  
46  
 Other contributory causes of importance:  
Some lung involvement probably T.B.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Bolton, M. D.  
 (Address) Sedalia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8  
Date Filed 11/2/39  
Licenses File Number

**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.....

*Robert H. Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*Sedalia 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, above space should be left blank.**