

JAN 25 1940
Registration District No. 561

Primary Registration District No. 5755

Registrar's No. 68

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

6

1. PLACE OF DEATH:

(a) County Miller
(b) City, or town Olean - Rural - Saline Twp
(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 His Lifetime years, months or days

3. (a) PRINT FULL NAME Enoch E Stephens
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Amos Stevens 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Dec 16 (Month) 1861 (Day) (Year)

8. AGE: Years 79 Months _____ Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Cole Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farming

12. Name Not Known Stevens

13. Birthplace Not Known (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Ben A Stevens

(b) Address Olean, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cemetery
18. (a) Signature of funeral director Huss Schubert
(b) Address Russellville Mo
19. (a) 12-22 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Olean - Rural - Saline Twp (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 - 1940
year 6-10 hour _____ minute 0 M.

21. I hereby certify that I attended the deceased from 12-21-1940 to 12-21-1940
that I last saw him alive on 12-21-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Due to arterio-sclerosis 2

Due to _____

Other conditions 87W
(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? 495

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. D. Walker (M. D. or other) _____
Address Eldon Mo Date signed 12/22/40

RECEIVED
Miller County Health Dep't
County File Number. 41-14
Date Filed 1/15/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.