DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10342

State File No.

APR 9 1941

Registration District No. 165 Primary Registration District No. ~~5231~~ 4097 Registrar's No. 19

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

**1. PLACE OF DEATH:**

(a) County Cedar

(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Linn Twp.~~
(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 All of life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cedar 20

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louis H. Nevins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Nevins

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

7. Birth date of deceased Nov. 15, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Butler Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retail Dry Goods

11. Industry or business

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

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

16. (a) Informant Chas. Schnedler
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton City

18. (a) Signature of funeral director H. C. Davis & Co
(b) Address Stockton, Missouri

19. (a) 3-21-41 (Date received local registrar) (b) Mrs Minonie Carleton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 18
year 1941 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from March 11, 1941 to Mar 18, 1941
that I last saw him alive on Mar 17, 1941
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Labor Pneumonia | 2 da |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

108

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

9 35

23. Signature James J. Haberle (M. D. ~~or other~~) D
Address Stockton Mo Date signed 3-19-41

(Licensed Embalmer's Statement on Reverse Side)

3-21-41

## 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: Melvin Chunde

Licensed Embalmer No. 3272

P. O. Address Stockton

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**