

No. 2  
13-40  
17-39  
X23159

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

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

14432

Registration District No. 289 Primary Registration District No. 4173 State File No. \_\_\_\_\_ Registrar's No. 16

1. PLACE OF DEATH: Malden Dunklin  
(a) County \_\_\_\_\_  
(b) City or town Malden  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 72-  
(a) State MO (b) County New Madrid  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John H. Stevens  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr. day 8 year 1941 hour 1 minute 53 P. M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married married  
4. (b) Name of husband or wife Rhoda 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Nov. 15 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27<sup>th</sup>, 1941, to April 8<sup>th</sup>, 1941; that I last saw him alive on April 8<sup>th</sup>, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocardial Infarction  
Insufficiency 1921

9. Birthplace White Co. Ill.  
(City, town, or county) (State or foreign country)

Due to Had Rheumatism in 1921. Cardiac  
Due to Decompensation Jan 41

10. Usual occupation Farming

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business Aggriculture

12. Name Stevens

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

14. Maiden name Don't know

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

16. (a) Informant Cordaa Shoaf  
(b) Address Ex 107 MO. RR 2

17. (a) Rural (b) Date thereof 4-10-41  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Idalia mo  
18. (a) Signature of funeral director Craig  
(b) Address Malden mo  
19. (a) 4-9-41 (b) S.B. Mitchell  
(Date received local registrar) (Registrar's signature)

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? ✓  
2 1/2 mi (Specify type of place)  
While at work? ✓ (e) Means of injury ✓  
23. Signature S.B. Mitchell (M. D. or other) ✓  
Address Malden mo Date signed 4/9/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 541-544

Date Filed 5/8/41

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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 H. L. Craig

Licensed Embalmer No. 1185

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, fact should be so stated above.