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FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22289

State File No. _____

Registration District No. 607

Primary Registration District No. 5806

Registrar's No. 38

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 72
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Oscar Stevenson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 3 24 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2
year 1941 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from June 28 1941 to July 2 1941
that I last saw him alive on June 28 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

3	9		
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hr. _____ min.

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Immediate cause of death Bacillary dysentery

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

MOTHER FATHER

11. Industry or business _____

12. Name John E. Stevenson

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

14. Maiden name Ethel Ross

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

16. (a) Informant John E. Stevenson

(b) Address Postageville Mo.

17. (a) Burial (b) Date thereof 7-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mason Cemetery

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 7-12-1941 (b) Mary W. Cook
(Data received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature R. C. Leonard (M. D. or other) MD

Address Postageville, Mo. Date signed 7-3-41

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

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.....

..... *Not Embalmed* 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, fact should be so stated above.