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**AUG 29 1941**

Registrar's No. 114

Registration District No. 26

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
323 S. Missouri Ave.  
(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)

3. (a) PRINT FULL NAME Alice Lee Stevens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex White 5. Color or race White

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

6. (b) Name of husband or wife Thomas J. Stevens

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

7. Birth date of deceased January 10 1867  
(Month) (Day) (Year)

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

74 6 0 ..hr. ....min.

9. Birthplace Audrain County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Jim Hall

13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Evans

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

16. (a) Informant Miss Eunice Stevens

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof July 12, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director E. T. ...

(b) Address Mexico, Mo.

19. (a) July 11-1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 323 S. Missouri Ave  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1941 hour 12 minute 30 PM

21. I hereby certify that I attended the deceased from Jan 1  
1940 to July 10, 1941;  
that I last saw her alive on July 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis etc

Due to.....

Due to senility

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 932

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature R. L. Williams (M. D. or other) M.D.

Address America Mo Date signed 7/11/41

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RECEIVED

District Health Officer No. 10

District File Number 8-41-1547

Date Filed AUG 20 1941

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.....

Earl E. Precht

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.