

Registration District No. Primary Registration District No. 1

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Ray
(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)

3. (a) PRINT FULL NAME LOUISA JOSEPHINE STEVENS
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 27 1852
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Wm Myers
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Foster
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Daisy Stevns
(b) Address Cowgell mo
17. (a) Burial (b) Date thereof Aug 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director C. L. Reed
(b) Address Cowgell mo
19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 89
(c) City or town (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 Aug day 28
year 1941 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from Aug 21, 1941 to Aug 28, 1941,
that I last saw h. or alive on Aug 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia acute. Left. Duration 7 days
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 100

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?

While at work? (Specify type of place) (c) Means of injury
28. Signature E. A. Woolsey M.D. (M. D. or other)
Address Cowgell mo Date signed Aug 29 41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 2

.....
working under my personal supervision.

Signed

C. Reed

Licensed Embalmer No. 2194

P. O. Address

Council, 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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 29193

Registration District No. 744

Primary Registration District No. 6235

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Grape Grove rural
(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:

(a) State Missouri (b) County Ray
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grape Grove Turnip
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa J. Blevins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased May 27 1892
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days _____ If less than one day _____ min.

9. Birthplace Ray, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Mrs Meyers

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

14. Maiden name Martha Foster

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

16. (a) Informant Nancy Stevens

(b) Address Cowgill no

17. (a) Burial (b) Date thereof Aug 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Casta Reed

18. (a) Signature of funeral director Cowgill, Inc
(b) Address _____

19. (a) Sept 5 1941 (b) Mrs. M. D. Forba
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 30 Year 1941 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from 2 Aug 1941 to 30 Aug 1941 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy pneumonia Duration 1 day
stroke left

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature C. H. Woolsey (M. D. or other) _____

Address Brayner, Mo Date signed _____

STUPPLEN

