DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 67

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5842

State File No.

Primary Registration District No. 5106

Registrar's No.

1. PLACE OF DEATH
(a) County Bollinger
(b) City or town Rural 6 Leopard Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution /
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(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.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Rhodes Stevens
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. (Month) 27 (Day) 1883 (Year)

8. AGE: Years 58 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Bollinger County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Pinkney Stevens
13. Birthplace Bollinger (City, town, or county) Mo. (State or foreign country)
14. Maiden name Caroline Newell
15. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Cora Castring
(b) Address Morehouse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sion Cemetery
18. (a) Signature of funeral director Robert C. Brown
(b) Address Lutesville, Mo.
19. (a) 1/21/42 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1942 hour 3:30 minute M.
21. I hereby certify that I attended the deceased from Jan. 7, 1942, to Jan 20, 1942, that I last saw him alive on Jan. 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 O. A. Myers (M. D. or other) MD
Address Marble Hill, Mo. Date signed 1/21/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
1 X19511

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.

District Health Officer No. 4
District File Number 242-258
Date Filed 2-13-42

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.....

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, above space should be left blank.