

FILED JUN 12 1942 460  
Registration District No. \_\_\_\_\_

Primary Registration District No. 740-4442

1. PLACE OF DEATH: Ray  
(a) County \_\_\_\_\_  
(b) City or town HARDIN  
(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 Mo (b) County Ray  
(c) City or town Hardin - Rural R. 7, W. 1  
(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 NANNIE F STEVENSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 17  
year 1942 hour 3 minute 6 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (10) LO (3) M 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1942  
\_\_\_\_\_, 19\_\_\_\_, to May 17, 1942  
that I last saw her alive on May 16, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Block  
Suddenly Duration Suddenly

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

Due to arterio-sclerosis 10 yrs  
Due to myocardial-infarction 2 yrs

9. Birthplace Hardin Ray Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEKEEPER

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

11. Industry or business AT HOME  
12. Name John J. Stevenson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances C. Linn  
15. Birthplace Sumner Co. Tenn  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Paul Stevenson  
(b) Address Hardin Mo  
17. (a) Burial (b) Date thereof 5-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springton, Mo

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Marvin Grimm (M. D. or other) \_\_\_\_\_  
Address Hardin, Mo. Date signed 5/17/42

18. (a) Signature of funeral director John Knipscheit  
(b) Address Hardin Mo  
19. (a) May 17, 1942 (b) Mrs. Chas. Deppard  
(Date received at local registrar) (Registrar's signature)

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

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