

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1942

Registration District No. 723 51

Primary Registration District No. 5184 5182

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Fruitland Showers
(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 Cape Gir.

(c) City or town Fruitland Mo
(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 July day 12
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 9th, 1942 to July 12, 1942
that I last saw her alive on June 30th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3mo

Due to Hypertension 2 yrs

Due to _____

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

Major findings: Of operations 83a

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. R. Schauer (M. D. or other) MD
Address Jackson, Mo. Date signed July 13

8. (a) PRINT FULL NAME Julia Margaret Stevenson

8. (b) If veteran, name war _____ 8. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Art. Stevenson 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased January 3 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace New Wells Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram E. Bowen
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Caroline Gardner
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. R. Stevenson
(b) Address Box No. 1 Jackson Mo.

17. (a) Burial (b) Date thereof July 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Apple Creek

18. (a) Signature of funeral director Richard L. Pugh
(b) Address Pocahontas, Mo.

19. (a) July 13 1942 (b) G. J. Schauer
(Date received local registrar) (Registrar's signature)

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.

RECEIVED

District Health Officer No. 4
District File Number 842-1054
Date Filed 8-13-42

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

Glenn Wilson

Licensed Embalmer No.

2878

P. O. Address

Jackson 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.