S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG. 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24119

Registration District No. 198

Primary Registration District No. 8011

Registrar's No. 10Ce

24 / 1 / 1

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
757 Magnolia St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community About 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. 757 Magnolia St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Aples Stevens

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife William Henry Stevens

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

7. Birth date of deceased June (Month) 30 (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Absalom Dagley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Schoolfield
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Reba Stevens
(b) Address Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson, Mo.

18. (a) Signature of funeral director Claude Buchanan
(b) Address Excelsior Springs Mo.

19. (a) 7-4-42 (Date received local registrar) (b) Mossie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1942, to July 2, 1942, that I last saw her alive on July 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Cardiac Failure

Due to Pulmonary Abscess & Chronic Bronchiectasis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy None

Duration

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 Clotus E. Buchner (M. D. or other)
Address Lawson Mo. Date signed July 5 1942

1166 (Licensed Embalmer's Statement on Reverse Side)

SEP 16 1942

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-7-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.