7. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31568

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 136

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 208 N. Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days) In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 208 N. Hickory (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

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3. (a) PRINT FULL NAME STEPHEN ANSON CURRENT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Jane Current
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Aug (Month) 19 (Day) 1857 (Year)

8. AGE: Years 84 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Muncie (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
MOTHER FATHER
12. Name John Current
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Laura Current
(b) Address 208 N. Hickory
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Bethel Park
18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Mo.
19. (a) August 21, 1942 (Date received local registrar) (b) Elizabeth Breibenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1942 hour 2:0 minute 50 A.M.
21. I hereby certify that I attended the deceased from Aug 1st 1942, to Aug 2 1942 and that I last saw him alive on Aug 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage.	1 day.
Due to Hypertension.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Incarcerated Hernia.	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Nevada, Mo. Date signed Aug 1/42

1251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-965
Date Filed 9-9-42

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 Mike Ferry

Licensed Embalmer No. 9432

P. O. Address Neodesha Ks.

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.