

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 17

Primary Registration District No. 4016

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME James Stevenson

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 Stella Ma Payne 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December 9 1885
(Month) (Day) (Year)

8. AGE: Years— 56 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Atchison Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John A. Stevenson
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Emma Keever
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Stevenson
(b) Address Tarkio, Mo.

17. (a) Burial (b) Date thereof Oct 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Missouri.

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Missouri.

19. (a) 10/31/42 (b) Mrs. Harrell Marti
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from to
that I last saw h..... alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of Coronary Artery

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9/40

Major findings: Of operations
Of autopsy

Duration, 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(a) Means of injury

23. Signature Westboro, Mo. (D. or other) Coroner
Address Westboro, Mo. Date signed 11/42

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

300

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.....

J. M. Davis
.....
Licensed Embalmer No. *2394*

P. O. Address *Tarkio, 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.