

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1942

Registration District No. 708Primary Registration District No. 5573Registrar's No. 241

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Avilla - M^cDonald
 (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 _____ (Specify whether)
 In this community 24 years
 years, months or days

3. (a) PRINT FULL NAME ALICE LAUNA STEMMONS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife T. J. Stemmons 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased April 25 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 28 If less than one day
 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Curry

13. Birthplace W. Va. 1
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Amanda Kelly

15. Birthplace W. Va. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Bert Holcomb(b) Address Avilla, Mo.

17. (a) Burial (b) Date thereof Nov. 25-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Golden City, Mo.

19. (a) 11-24-42 (b) E. Elizabeth Coupler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Avilla
 (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
 year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from
Nov. 19, 1942, to Nov 23, 1942
 that I last saw her alive on Nov 23, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration _____

Due to General
arteriosclerosis

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy _____

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. A. Webster (M. D. or other) _____
 Address Carthage Mo. Date Nov 24

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.

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..... *M. F. Rugh*
Licensed Embalmer No. *3278*
P. O. Address..... *Golden City 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.