

No. 2  
-1-4-41  
-17-39  
X26336

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Wurst 21385

FILED JUL 8 1943

State File No. ....

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 511

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
515 S. Jefferson  
(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 2 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 515 S. Jefferson  
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred S. Stevenson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Stevenson

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

7. Birth date of deceased Oct. 12 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>12</u>	..... hr. .... min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Wm. L. Stevenson

13. Birthplace unk. Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Strahan

15. Birthplace unk. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Stevenson

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof June 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-26-43 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1943 hour 7 minute 30 p.M.

21. I hereby certify that I attended the deceased from June 15 1943 to June 24 1943

that I last saw him alive on June 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Pernicious anemia

Due to.....

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

Major findings:  
Of operations.....

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) (Means of injury)

23. Signature C. Andrew Wurst (M., D., or other) MD.  
Address 515 Woodruff Bldg. Date signed 6-25-43

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

MOTHER FATHER

991

(Licensed Embalmer's Statement on Reverse Side)

**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 *Walter E Hamilton*

Licensed Embalmer No. **3808**

P. O. Address **Springfield, 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.**

X