

ED AUG 11 1943
Registration District No. 324

Primary Registration District No. 4472

Registrar's No. 142

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MALTA Bend MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE
(c) City or town MALTA Bend MO
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Geo Washington Stevenson

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month July day 10 year 1943 hour 11:55 minute..... P.M.

4. Sex MALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Sept 20, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10 1943 to July 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma large Intestines
Duration Don't Know

8. AGE: Years Months Days If less than one day
62 9 10 hr. min.

Due to H6e

9. Birthplace SALINE CO MO
(City, town, or county) (State or foreign country)

Other conditions Acute Gastroenteritis 1 wk.
(Include pregnancy within 3 months of death)

10. Usual occupation FARM LABOR

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
MOTHER FATHER { 12. Name Jefferson Stevenson
13. Birthplace Virg. 1
14. Maiden name Unknown
15. Birthplace 9

16. (a) Informant Eugene Stevenson

22. If death was due to external causes, fill in the following:

(b) Address U.S. ARMY
17. (a) BURIAL (b) Date there July 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation MALTA Bend

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

18. (a) Signature of funeral director JASON ALLEN
(b) Address MARSHALL MO
19. (a) 7-17-43 (b) Mot. O. Woodruff
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Madison (M. D. or other)
Address Marshall mo Date signed 7-12-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-78

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.