

Registration District No. **80** Primary Registration District No. **4142** Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Russellville** (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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Russellville** (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.

3. (a) PRINT FULL NAME **SADIE L. STEVENS**

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

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

6. (b) Name of husband or wife **B. R. Stevens** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Oct 6 1873** (Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **25** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **W. C. Hatter**
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name **Anna Mehan**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. E. Mahan**
(b) Address **Russellville**

17. (a) **Burial** (b) Date thereof **5-3-44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **EMLOE CEM.**

18. (a) Signature of funeral director **Stephenson**

(b) Address **Russellville Mo.**

19. (a) **May 3 - 1944** (b) **Mrs. C. W. Plummer** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st** year **1944** hour **9** minute **0** M.

21. I hereby certify that I attended the deceased from **April 20** 19**44** to **May 1** 19**44** that I last saw her alive on **May 1** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **3 hrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **§ 301**

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) (Specify means of injury)

23. Signature **Walter J. Sells** (M. D. or other) **Walter J. Sells** Address **Russellville Mo.** Date signed **5-3-44**

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

26
0
0

JUL 14 1949

MAY 12 1949

OCT 13 1948

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..... *H. M. Stephens*

Licensed Embalmer No. *2707*

P. O. Address *Russellville 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.