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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 78

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27614

Primary Registration District No. 4164

Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Daviess

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

(c) Name of hospital or institution: Home of Mrs. Caleb Stevens
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 7 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess 31

(c) City or town: Rural Jackson Township 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Carlow Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: Isaac J. Stevens

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Barbara Stevens

6. (c) Age of husband or wife if alive ____ years; Dec'd

7. Birth date of deceased: June (Month) 4 (Day) 1865 (Year)

8. AGE: Years 79 | Months 2 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: Davis County (City, town, or county) Iowa (State or foreign country) ✓

10. Usual occupation: Farmer

11. Industry or business: ____

MOTHER FATHER

12. Name: David Stevens

13. Birthplace: Unknown (City, town, or county) (State or foreign country) ✓

14. Maiden name: Sarah Perry

15. Birthplace: Unknown (City, town, or county) (State or foreign country) ✓

16. (a) Informant: Mrs. Caleb Stevens

(b) Address: Altamont, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Clear Creek Cemetery

18. (a) Signature of funeral director: Hope Funeral Home

(b) Address: Gallatin, Mo.

19. (a) 8-20-1944 (Date received local registrar) (b) L. O. Richeson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1944 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 12, 1944, to Aug 12, 1944, that I last saw him alive on Aug 12, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septic cholecystitis + hepatophlebitis of liver, etiology	1 wk
Due to: Congested liver, mitral regurgitation	3 yrs
Due to: Influenzia	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

92 b

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: W B Bailey (M.D. or other)

Address: Gallatin Mo Date signed: 8/20/44

1084 (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 L. A. Richerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.