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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28626

State File No.

Registration District No. 291

Primary Registration District No. 60224067

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, 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 None (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME Delmavis Stevens

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 9 th. 1931.
(Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Ray Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Stevens
13. Birthplace Kansas City, Kan. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Okel Ishmael
15. Birthplace Ray Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-44. (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director J.B. Brothers
(b) Address Richmond, Mo.

19. (a) July 29 1944 (Date received local registrar) (b) Mrs Chas W Shippard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from
Co Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

Due to Horse falling on him

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

195 el

99

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 29 1944 089

(c) Where did injury occur? Rural (City or town) Ray (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway (Specify type of place)

While at work? no (e) Means of injury

23. Signature J.F. Baker 3 Coroner (M.D. or other)
Address Richmond Mo Date signed 7/29/44

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible] No. 8,

[illegible] Number [illegible]

Date Filed 9-14-44

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 J.B.Brothers, Registered Apprentice No. ....., working under my personal supervision.

Brothers Funeral Home .

Signed .....

Licensed Embalmer No. 2001.

P. O. Address Richmond ; 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.