

FILED APR 6 1946

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Georgia Fern Stevenson.

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None.

4. Sex Female

5. Color or
race White

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

6. (b) Name of husband or wife:
Roy Stevenson.

6. (c) Age of husband or wife if
alive 40 years

7. Birth date of deceased. Feb. 22, 1914.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 0 9 hr. min.

9. Birthplace Monroe Co., Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name Riley Parks.

13. Birthplace Unknown Indiana. 1
(City, town, or county) (State or foreign country)

14. Maiden name Inez Hanna.

15. Birthplace Monroe Co., Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Stevenson

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 3-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Prarie Cemetery, Monroe Co.

18. (a) Signature of funeral director. Rlydell W. Perry While at work? (Specify place)

(b) Address Perry, Missouri

19. (a) 3-6-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Township (Monroe Co.,)
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 1st,
year 1946 hour 11:00 minute A. M.

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

Immediate cause of death brachio pneumonie Duration 1 w
Charic bronchietasis 6 w

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

Major findings:
Of operations _____

Of autopsy 107

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? _____

23. Signature Howard Budnick (M. D. or other) MD
Address Hannibal, Missouri. Date signed 3-4-46

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

5026

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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

Clyde Wilkey

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.