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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35362

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 237

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 1414 Huntsville ave 1 (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 Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL")

(d) Street No. 1414 Huntsville Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA ANN STEVENSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm G. Stevenson

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

7. Birth date of deceased January (Month) - 11 (Day) - 1886 (Year)

8. AGE: Years 61 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sirces R. Hammond
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mandy L. Prather
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Harry Hoffman
(b) Address Moberly MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly MO.

19. (a) Oct 23-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-30-47, 19..., to 10-21-47, 19...; that I last saw her alive on 10-21-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 E. T. Whitaker (M. D. or other) D.O.

Address Moberly, Mo Date signed 10-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-47-1465
Date Filed OCT 27 1947

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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.