

33430

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 16 1942

Registration District No. 51

Primary Registration District No. 5182

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Frontland Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Shawnee Trufs. 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)

3. (a) PRINT FULL NAME Alpheus C. Stevenson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Julia Stevenson 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased February 3 1852
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>8</u>	<u>21</u>	<u>hr. 4 min.</u>

9. Birthplace New Wells Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

12. Name Alexander K. Stevenson
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Calothfelner
 15. Birthplace Cape Gir. County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. R. Stevenson
 (b) Address Jackson Mo. R.I.

17. (a) Burial (b) Date thereof Oct. 26 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Applecreek

18. (a) Signature of funeral director Riedelichler & Co
 (b) Address Pocahontas Mo.

19. (a) Oct 26/42 (b) H. J. Schoen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Pocahontas Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Shawnee Trufs.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
 year 1942 hour 2.15 minute P. M.

21. I hereby certify that I attended the deceased from April 9
 _____, 1942, to Oct 24 1942
 that I last saw him alive on Sept 20 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
 Due to Nephritization
 Duration 2 yrs 2 1/2 yrs

Due to 131
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 131
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged etiologically.

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)
 (e) Means of injury _____

23. Signature E. R. Schoen (M. D. or other) MD
 Address Jackson Mo Date signed Oct 24

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

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3
District File Number 1142-1396
Date Filed 11-14-42

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.