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.

REC'D OCT 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33582
Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 899
(b) Township Washington — Primary Registration District No. 6205 — Registered No. 12
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John T. Stever 316
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1938 1916
7. AGE: YEARS 22 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): Sept. 1938
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo. 0

FATHER
13. NAME: Geo. W. Stever 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo. 0

MOTHER
15. MAIDEN NAME: Nannie Hollis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

17. INFORMANT (ADDRESS): Geo. W. Stever
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Stever DATE Sept. 14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Missouri.
20. FILED Sept 14, 1938 E M Bailey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938, to Sept 12, 1938
I last saw h Dead When I carried alive on ..... Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound of Heart

Date of onset

Other contributory causes of importance: 167

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 12, 1938
Where did injury occur? At Home Webster Co Mo
(Specify city or town, county, and State) Elkland R.R. 1
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gun Shot Wound of Heart
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E M Bailey, M. D.
821 (Address) Elkland Mo

(Licensed Embalmer's Statement on Reverse Side)

42
1.4
28

1935-9-12
22-2-14
1916-7-28

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/22/38

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 Rex Rainey

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.