

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.

REGD DEC 13 1939 89  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Brandon Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
about five days (Specify whether  
In this community  
years, months or days)

8. (a) PRINT FULL NAME 315 Robert A. Stevenson  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Georgene (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased June 27, 1902  
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 28 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Greensboro, N. C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Levee Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. L Stevenson  
18. Birthplace Greensboro N. C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Hodgins  
15. Birthplace N. Car.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgene Stevenson  
(b) Address Memphis, Tenn

17. (a) Burial (b) Date thereof 11/27/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greensboro N. Car.

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 11/27/39 (b) Obelitsinger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Tennessee (b) County \_\_\_\_\_  
(c) City or town Memphis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 668 N. Auburndale  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. 25 day  
year 1939 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from Nov-25, 1939, to Nov-26, 1939  
that I last saw him alive on Nov-26-, 1939:  
and that death occurred on the date and hour stated above.

Immediate cause of death pinch of liver Duration 11-39  
Due to \_\_\_\_\_  
Due to chronic alcoholism 5-1-39  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 124  
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?

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm L Stevenson (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed \_\_\_\_\_

FORM 7  
1935

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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.....  
Licensed Embalmer No. 2964  
P. O. Address Poplar Bluff, 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.**