

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH39470
Do not use this space.

1. PLACE OF DEATH

(a) County Dekalb Registration District No. 262
 (b) Township Poik Primary Registration District No. H-104
 or
 (c) City (d) Street No. 52011 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 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

315 Bert Clay Stevens
 (a) Residence, No. 315 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vyra Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 I 24

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chrisman Ill.

FATHER 13. NAME Samuel Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary Jane Gillespie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Kent.

17. INFORMANT (ADDRESS) Mrs. Vyra Stevens
Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City Mo. DATE Nov. 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. L. Gee
King City Mo.

20. FILED Nov 8 1939 E. M. Reynolds
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1939 to Nov 8 1939
 I last saw him alive on Nov 7 1939. Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

Hodgkins Disease Date of onset 1937

Other contributory causes of importance: 726

Name of operation Cholec Date of Nov
 What test confirmed diagnosis? Cholec Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

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

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD

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.

DEC 21 1939

District

District

District

1739 - 1754
DEC 13 1939

DEC 16 1939

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.....

W. M. L. Gee

Licensed Embalmer No.....

2539

P. O. Address.....

King City 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.