S. No. 2
-11-10-39
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14242

MAY 15 1940

Registration District No. 58 — Primary Registration District No. 5793 — Registrar's No.

**1. PLACE OF DEATH:**

(a) County Bates

(b) City or town Rural (Prairie) Twp

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Rockville Community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Bates

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

(d) Street No. 8 mis. west of Rockville Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Melvin H. Stevener 315

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 10 (Day) 1917 (Year)

8. AGE: Years 22 Months 7 Days 16 If less than one day ... hr. ... min.

9. Birthplace Bates Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Fred H. Stevener. D

FATHER 13. Birthplace Madison (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name Lenia H. Hegnauer

MOTHER 15. Birthplace Bates (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Anna J. Poeflinger

(b) Address Appleton City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 28 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Prairie City Cemetery

18. (a) Signature of funeral director Oscar Eshoff

(b) Address Appleton City Mo.

19. (a) Apr. 28-40 (Date received local registrar) (b) Mrs. Pauline Bair (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 26 year 1940 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from June 20 1939 to April 26 1940 that I last saw h. alive on April 26 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Epilepsy | |
| Due to | |
| Due to 48 | |
| 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 W. H. Elliott (M. D. or other) M.D.

Address Appleton City, Mo Date signed 4-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-40-739
Date Filed 5-6-40

## 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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Ogden City Iowa

**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.**