S. No. 2
—11-10-39
v. 5-17-39
o I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31770

Registration District No. 408 | Primary Registration District No. 3020 | Registrar's No. 138

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McPherson Brooks Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 30 Minutes (Specify whether years, months or days)
In this community No Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Overland Park
(If outside city or town limits, write "RURAL")
(d) Street No. 575 E 9th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Edward Louis Stevenson
3. (b) If veteran, name war Spanish War
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Zetta Ellen
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 15 (Day) 1870 (Year)

8. AGE: Years 70 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Retired Rail Road Man
11. Industry or business Worker for R.R. Co
FATHER
12. Name Martin Stevenson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Florence Burrow
(b) Address Kansas City Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mammoth Springs Ark
18. (a) Signature of funeral director Thos J. Leiter
(b) Address Joplin Mo
19. (a) Sept 24, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1941 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage and Shock from injuries to chest. — Duration

Due to Automobile accident when the driver went off highway — Duration

Due to Bright lights of oncoming car — Duration

Other conditions (Include pregnancy within 3 months of death) — Duration

Major findings: Of operations None — Duration

Of autopsy None — Duration

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) Accident
(b) Date of occurrence Sept. 22, 1941
(c) Where did injury occur? Highway 71 (City or town) Burton (County) Mo (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 Collision
23. Signature R. F. Webster (M. D. or other)
Address Carthage Mo Date signed Sept 24 41

(Licensed Embalmer's Statement on Reverse Side)

41-10-826

OCT 16 1941

NOV 6 19

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 Howard E. Simpson, Registered Apprentice No. 285, working under my personal supervision.

Signed Chas J. Tuter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.