

Registration District No. 318

Primary Registration District No. 2001

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

Family removed to away

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Harold Loren Stevens

3. (b) If veteran, name war no

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 None

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

7. Birth date of deceased August 4, 1935
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>6</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Cross Timbers Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School-boy

11. Industry or business _____

MOTHER FATHER {

12. Name William Franklin Stevens

13. Birthplace Hickory County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bula Frances Mawhinney

15. Birthplace Hickory County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr William F. Stevens

(b) Address Cross Timbers Missouri

17. (a) removal (b) Date thereof 4-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers, Mo.

18. (a) Signature of funeral director Father - W. F. Stevens

(b) Address Cross Timbers, Mo

19. (a) 4-13-42 (b) Dr W. S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Cross Timbers
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 42 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-9-42, 1942, to 4-12-42, 1942; that I last saw him alive on 4-12-42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 14

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 W. S. Handley (M. D. or other) _____

Address Springfield Mo Date signed 4-13-42

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.....

P. O. Address.....

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, fact should be so stated above.

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