

S. No. 2
 BM-542
 v. 5-17-39
 X32873

33286

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NO. 2-1942

Registration District No. 42

Primary Registration District No. 1802

Registrar's No. 762

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Saint Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1802 South 24th. Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 33 years, _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Buchanan,
 (c) City or town Saint Joseph,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1802 South 24th. Street,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Byron Carter Stevens,

MEDICAL CERTIFICATION

3. (b) If veteran, name war None, 3. (c) Social Security No. 707-09-6034

20. DATE OF DEATH: Month November day 6th, year 1942 hour 11:00 minute 30 a. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

21. I hereby certify that I attended the deceased from Nov. 9, 1942 to Nov. 6, 1942 that I last saw him alive on Nov 6, 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Eunice Leona Stevens, 6. (c) Age of husband or wife if alive 53 years

Immediate cause of death Acute Coronary Thrombosis, Fat embolus

7. Birth date of deceased October 22nd, 1889 (Month) (Day) (Year)

Due to Coronary Arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	53	0	14	hr. min.

Due to _____

9. Birthplace Shenandoah, Iowa, (City, town, or county) (State or foreign country)

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

10. Usual occupation Fireman

Major findings: Of operations _____

11. Industry or business Railroad,

Of autopsy _____

12. Name Arthur P. Stevens,

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Lucy Carter,

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Byron C. Stevens (b) Address 1802 South 24th. Street,

17. (a) Burial (b) Date thereof 11/9/42 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director _____ (b) Address 319 So. 10th Street, St. Joe, Mo.

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? _____

19. (a) 11-9-42 (b) Rae Henry (Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) Address _____ Date signed 11-7-42

1233

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1943

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 11-6-42

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm. E. Summersfield

Licensed Embalmer No. 3007

P. O. Address: 319 So 10 St Joseph 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, fact should be so stated above.