

Registration District No. **108**

Primary Registration District No. **5423**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Arbryd Salem 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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Dunklin**

(c) City or town **Arbryd**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RONALD GENE STEVENS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased. **9** (Month) **4** (Day) **1942** (Year)

8. AGE: Years _____ Months **2** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Arbryd** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Clyde W. Stevens**

13. Birthplace **Sarah** (City, town, or county) **Missouri** (State or foreign country)

14. Maiden name **Maie Maxson**

15. Birthplace **Menela** (City, town, or county) **Ark** (State or foreign country)

16. (a) Informant **Clyde W. Stevens**

(b) Address **Arbryd MO**

17. (a) _____ (b) Date thereof **9-6-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Suburban**

18. (a) Signature of funeral director **McDaniel Funeral Dir**

(b) Address **Senath MO**

19. (a) **2-2-1943** (b) **H. O. Stary**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **9** day **2** year **1942** hour _____ minute **110** M.

21. I hereby certify that I attended the deceased from **9-4-42** to **9-5-42** that I last saw him alive on **9-5-42** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Radical injury**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **2**

Major findings: Of operations **932**

Of autopsy _____

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) _____ (b) Means of injury _____

23. Signature **W. H. Spaulding**

Address **Lebanon Ark**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

5000

1296

11-1-79
11-1-79
11-1-79

David R. [unclear] 11-1-79

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2135
Registrar's No. 40

Registration District No. 108

Primary Registration District No. 5423

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Arbuda
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ronald Gene Stevens

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 19 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) H.O. Stery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 19 Year 1942 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from 9 1942 that I last saw him live on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

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?

While at (Specify type of place) (e) Means of injury

23. Signature M.D. Standemire M.D.

Address Leasville Ark Date signed 9-5-1942

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

SUPPLEMENTARY

