

Registration District No. 285

Primary Registration District No. 5977

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

1. PLACE OF DEATH:

(a) County Boek County

(b) City or town Aldrich, R. 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Union Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether)

In this community 50 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boek 84

(c) City or town Aldrich R. 1 7  
(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? 1 years.

3. (a) PRINT FULL NAME Samuel R. Stevers

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1943 hour 3 minute 10 a. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Hagaman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 6 - 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug-1942, 19\_\_\_\_ to Aug 9 - 1943  
that I last saw him live on Aug-8, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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

81 9 3 hr. \_\_\_\_\_ min.

Immediate cause of death Diabetes Mellitus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Boek County Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 61

10. Usual occupation farmer

11. Industry or business General Farmer & Stock Raiser

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name George Steverson

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

14. Maiden name Annie Crossland

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Steverson

(b) Address Aldrich Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge, 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? \_\_\_\_\_

18. (a) Signature of funeral director Gene A. Johnson

(b) Address Walnut Iron Missouri

19. (a) Aug-10-1943 (Date received local registrar)

(b) Rose Stewart (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. J. Myron (M. D. or other)

Address Aldrich Missouri Date signed 8/10/43

FEB 28 1944

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**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 Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.**