

No. 2
-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11274

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1820 Wall St;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL.")

(d) Street No. 1820 Wall St;
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank W. Stevens

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Nina 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan. 14, 1861.
(Month) (Day) (Year)

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

83 2 2 hr. min.

9. Birthplace Moore's Hill Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Stevens

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant N. E. Stevens

(b) Address Joplin Mo.; 1820 Wall St;

17. (a) Burial (b) Date thereof 3-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 3-17-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar., day 16, 1944
year.....hour 11-00 A. Minute 43 M.

21. I hereby certify that I attended the deceased from 6/15/43
2/16 1944 to 2/24/44 1944

that I last saw him alive on 2/24/44 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis (?)

Due to.....

Due to.....

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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)

While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....
Address Joplin Mo Date signed 3/16/44

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

44-3-25P

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 Perry K. Hurlbert
Licensed Embalmer No. 919
P. O. Address Spokane, Wash

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.