

FILED JUL 31 1944

State File No. \_\_\_\_\_

Registration District No. 216

Primary Registration District No. 6075

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
460

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 1/2 hours  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME PAUL STEVENS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Ruth Skaggs Stevens 6. (c) Age of husband or wife if alive Age Unk. years

7. Birth date of deceased May 8 1904  
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sanford Stevens

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

14. Maiden name Nancie Smith

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof July 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem., Flat River, Mo.

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Flat River, Missouri

19. (a) 7-10-44 (b) Donna L. Smith  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1944 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 5, 1944, 19\_\_\_\_, to July 6, 1944, 19\_\_\_\_;  
that I last saw him alive on July 6, 1944, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Abatation  
Abatation

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy No autopsy.

Duration \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Miss [Signature] (M. D. or other) Med

Address 408 2d St. Flat River Date signed 7-7-44

1373

RECEIVED

District Health Officer No. 4

District File Number 744-4116

Date Filed 7-28-44

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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

*Eugene J. [Signature]*

Licensed Embalmer No. 4287

P. O. Address Flat River, 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.**