

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED AUG 24 1944

Registration District No. **237**

Primary Registration District No. **614**

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

1. PLACE OF DEATH:

(a) County Shelby

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 9 years

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 102

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL DAVID STEVENSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. 497-03-5628

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace Stevenson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 8 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to July 1 1944

that I last saw him alive on July 1 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

8. AGE: Years 60 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Dade Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

MOTHER FATHER

11. Industry or business _____

12. Name John W. A. Stevenson

13. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Antine

15. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Stevenson

(b) Address Emden, Mo.

17. (a) Burial (b) Date thereof July 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Suits Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville Mo.

19. (a) July 8 44 (b) Nudge Yooch
(Date received local registrar) (Registrar's signature)

Due to Coronary disease of heart

Due to 940

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

Major findings: No operations

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 ✓

Where did injury occur? ✓
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ✓ (Specify type of place)

(a) Means of injury _____

23. Signature J. G. DeLoe (M. D. or other) _____

Address Shelbyville Mo. Date signed July 3 1944

RECEIVED

District Health Officer No. 10

District File Number 8-44-1411

District File AUG 11 1944

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed. *E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address. Shelbyville, 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.