. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24253

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Home 1 (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) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4y

(c) City or town Sarcoxie (If outside city or town limits, write "RURAL") 0

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Omer P. Stevens

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex m 0

5. Color or race W

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

6. (b) Name of husband or wife Ethel B.

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

7. Birth date of deceased March 24 (Month) 1871 (Day) (Year)

8. AGE: Years 74 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Professor

11. Industry or business College & Hi school teacher

FATHER
12. Name J. B. Stevens
13. Birthplace Columbia (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Mary Frances Harper
15. Birthplace Bowers Mill (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Miss Lucile Stevens

(b) Address Sarcoxie, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/45 (Month) (Day) (Year)

(c) Place: burial or cremation Schooling Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie Mo

19. (a) 7/7/45 (Date received local registrar) (b) Roland Engelage Deputy (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1945 hour 12 minute 30A.M.

21. I hereby certify that I attended the deceased from Did not attend, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Sudden on cit,

Due to

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations

Of autopsy Coroners Investigation

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 2

23. Signature W. H. Verdelt (M. D. or other) Do

Address 2114 Joplin Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

45-7-614

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ind.

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.