

No. 2
-2-43
-17-39
X35697

FILED AUG 14 1946

Registration District No. 2376 Primary Registration District No. 6178 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town West Eminence Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 52 years years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town West Eminence Mo.
(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

3. (a) PRINT FULL NAME John Ashley Stevens
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1946 hour 10:30 minute P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura J. Stevens 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased October 19, 1860
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Prostate & Bladder

8. AGE: 85 Years Months Days If less than one day
hr. min.

Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

10. Usual occupation Farming

11. Industry or business Not known

12. Name Not known

13. Birthplace Not known
(City, town, county) (State or foreign country)

14. Maiden name Sarah Gentry
(City, town, county) (State or foreign country)

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

16. (a) Informant Tom Stevens
(b) Address Not known

17. (a) Burial Funeral Chapel (b) Date of death July 26, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

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?
While at work? (Specify type of glare) (c) Means of injury

23. Signature Frank Hyde (M. D. or other)
Address Eminence Mo Date signed 7-30-46

304 (Licensed Embalmer's Statement on Reverse Side)

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

2-10-79

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. _____

Registration District No. 336

Primary Registration District No. 6128

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town West Eminence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME John A. Stevens
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 19 (Month) 19 (Day) 19 (Year)
8. AGE: Years 85 Months _____ Days _____ (if less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1986 (Month) _____ (Day) _____ (Year) minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate -
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations 5/16
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other)
Address _____ Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

94806

25959

114

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