. 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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30647

FILED SEP 18 1946

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 210 E. Chestnut St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether

In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage (If outside city or town limits, write "RURAL") 1

(d) Street No. 210 E. Chestnut St. (If rural, give location) 3

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

If yes, name country -----

3. (a) PRINT FULL NAME WILLIAM DAVID STEVENS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lizzie A. Stevens

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

7. Birth date of deceased December (Month) 8 (Day) 1862 (Year)

8. AGE: Years 83 Months 8 Days 13 If less than one day -- hr. --- min.

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

10. Usual occupation retired farmer

11. Industry or business at home

FATHER
12. Name John Stevens
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Kendrick
15. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mr. Lucian Shaunce

(b) Address 533 Oak St, Carthage, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Mo. Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 8-24-46 (Date received local registrar) (b) L. B. Clinton MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1946 hour 12 minute 15 p 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 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94A

Coronary Investigation

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 L. A. Gerfelt (M. D. or other) DO

Address 2114 Joplin Date signed 8/23/46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-717

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 Lucy Knee-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, M

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.