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 JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18274

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 109

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville, Mo. "Rural" Polk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles North 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville "Rural" 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 Miles North 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: ROLAND O. STEVENS JR.
3. (b) If veteran, name war: World War II
3. (c) Social Security No. 504-14-6825
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rozettea Stevens
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: April (Month) 24, (Day) 1924 (Year)

8. AGE: Years 23 | Months 1 | Days 0 | If less than one day: - hr. - - - min.

9. Birthplace: David City (City, town, or county) Nebr. (State or foreign country) 1
10. Usual occupation: Laborer
11. Industry or business: None

MOTHER FATHER
12. Name: Roland Orville Stevens
13. Birthplace: Genoa (City, town, or county) Nebraska (State or foreign country) 1
14. Maiden name: Ruth F. McKnight
15. Birthplace: David City, (City, town, or county) Nebraska (State or foreign country) 1

16. (a) Informant: Rozettea Stevens
(b) Address: Martin, South Dakota
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Merriman, Nebr.
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: 120 E. 1st, Maryville, Mo.
19. (a) 5/28/47 (Date received local registrar) (b) Beso Ault (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1947 hour 6 minute P M.
21. I hereby certify that I attended the deceased from not attended, 19__, to, 19__; that I last saw him alive on not seen, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun-shot wound into brain — Duration: Immediate
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: no operation
Of autopsy: no autopsy

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): Suicide
(b) Date of occurrence: May 24th 1947
(c) Where did injury occur? Near Maryville Nodaway Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury: 22 rifle
23. Signature: L. E. Swan Coroner (M. D. or other) M.D.
Address: Maryville Mo Date signed: 5-27-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1947

AUG 1 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.