

No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13141**  
Registrar's No. **60**

FILED APR 21 1948 55  
Registration District No. \_\_\_\_\_

Primary Registration District No. **4244**

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

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Cartersville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**207 Walnut Street**  
(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 years**  
years, months or days

3. (a) PRINT FULL NAME **James Edward 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 **married**  
6. (b) Name of husband or wife **Fannie May Stevens**  
6. (c) Age of husband or wife if alive **unknown** years  
7. Birth date of deceased **February 13 1871**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Osage County Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Henry Stevens**

13. Birthplace **no data Penn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma E. Hooper**

15. Birthplace **no data Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Widow Fannie May Stevens**

(b) Address **Cartersville, Missouri**

17. (a) **burial** (b) Date thereof **4/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Missouri**

19. (a) **APR 17 1948** (b) **[Signature]**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Cartersville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **207 Walnut Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **15** year **1948** hour **3** minute **A. M.**  
21. I hereby certify that I attended the deceased from **March 15-48** to **March 14-48** 19 **48**  
that I last saw him alive on **March 14-48** and that death occurred on the date and hour stated above.

Immediate cause of death **C.A. Stomach Carcinomia Of Stomach**  
Duration **aprox. 1 year**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **H & B**

Of operations \_\_\_\_\_

Of 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) \_\_\_\_\_

(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 **[Signature]** (M. D. or other) **DO**

Address **CARTERSVILLE MO** Date signed **4/7/48**

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**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.....

*E. M. Hedger*

Licensed Embalmer No. *2859*

P. O. Address. *Stell City, 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.**