

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

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Doctor's office, Ramsey Old  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME CHARLES OSCAR STEVENSON

3. (b) If veteran, name war          3. (c) Social Security No. 333-01-7952

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive          years  
7. Birth date of deceased Nov. 28, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 6 If less than one day          hr.          min.

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

10. Usual occupation Laborer

11. Industry or business         

12. Name Nelson J. Stevenson

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

14. Maiden name Sarah E.

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

16. (a) Informant Credentials

(b) Address         

17. (a) Burial (b) Date thereof Oct 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Mull & Sons, F. M.  
(b) Address Rolla, Mo.

19. (a) 10-11-48 (b) Nadine L. Stoll  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-4-48, 19        , to 10-4-48, 19        ;  
that I last saw him alive on 10-4-48, 19        ,  
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Injury to Chest. Duration         

Due to Automobile accident.

Due to         

Other conditions (Include pregnancy within 3 months of death)         

Major findings: Of operations         

Of autopsy         

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-4-48

(c) Where did injury occur? Rolla Phelps, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 66E

While at work? No (Specify type of place) (e) Means of injury Truck

23. Signature H. H. Ravenhill (M. D. or other)

Address Rolla, Mo. Date signed 10/5/48

RECEIVED

10/19/48

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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 Paul E. Null  
Licensed Embalmer No. 4498  
P. O. Address Rolla, 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.**