

Registration District No. 117

Primary Registration District No. 5167

Registrar's No.

1. PLACE OF DEATH
 (a) County Candeur Morgan Township
 (b) City or town Candenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Purvis Beach on Lake of Ozark
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Few days
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3232 Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mr. James D. Stevens 315
 (b) If veteran, name war World War
 (c) Social Security No. 486-09-9374

20. DATE OF DEATH: Month June day 22nd
 year 1940 hour _____ minute 4 M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 17 1898
 (Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	42	1	5	hr. _____ min. _____

Immediate cause of death accidental
drowning -
 Due to accident
 Due to Overturned and sunken boat
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation District Sales Manager
 11. Industry or business Diamond Crystal Salt Co.
 MOTHER FATHER { 12. Name Harry Stevens
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace England
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Alfred Stevens
 (b) Address Kansas City, Missouri
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City, Missouri
 18. (a) Signature of funeral director Wm Newcomer
 (b) Address 1401 Brush Creek Bend, Kansas City, Mo
 19. (a) July 17-1940 (b) Lizzie Keller
 (Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence June 22 - 1940
 (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?
on Lake of Ozark - near Melott's
 (Specify type of place) (e) Means of injury drowning
 While at work? no
 Signature Bob Woolery, coroner (M. D. or other)
 Address Candenton, Mo Date signed July 2, 1940

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

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.....

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address. *K. C. 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, above space should be left blank.