

Registration District No. 561

Primary Registration District No. 5-755-

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Miller Saline, Ia  
(b) City or town Eldon Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller  
(c) City or town Eldon Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME JOHN CALVIN STEVENS

MEDICAL CERTIFICATION

3. (b) If veteran, name war No  
3. (c) Social Security No. 110

20. DATE OF DEATH: Month July day 25  
year 1940 hour 7 minute P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Belle Stevens 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Dec 6 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1940, to July 25, 1940, that I last saw him alive on 7-22, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 7 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Hunger & Thirst

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

Due to Psychosis

10. Usual occupation Farmer

Due to Financial reverse

11. Industry or business 0

Other conditions 0  
(Include pregnancy within 3 months of death)

12. Name John Stevens

Major findings: 04  
Of operations \_\_\_\_\_

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

Of autopsy None held

14. Maiden name Martha A. Nelson

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

16. (a) Informant Belle Stevens  
(b) Address Eldon, Mo.

17. (a) Burial (b) Date thereof 7-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Phillip J. ...  
(b) Address Eldon Mo.  
19. (a) 8-5-1940 (b) Belle Stevens  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

495 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. L. Shelton (M. D. or other) \_\_\_\_\_  
Address Eldon Mo Date signed 8-9-40

Duration 4 wks  
6 mths  
4 yrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

Miller County Health Dep't

County File Number 40-84

Date Filed 8/12/40

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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.....

Jervis D Phillips....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jervis D Phillips  
Licensed Embalmer No. 3663

P. O. Address Cedar

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.