

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 127

1. PLACE OF DEATH: Adair
(a) County: Kirksville
(b) City or town: Kirksville
(c) Name of hospital or institution: Stickler Hospital
(d) Length of stay: In hospital or institution: 3 days
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(d) Street No.: 316 West Ill St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Roy Atherton Stevens
3. (b) If veteran, name war: No
3. (c) Social Security No: No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 26
year 1941 hour 7 minute 30 P.M.

4. Sex: Male () 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva D Stevens
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Sept 10 1875

21. I hereby certify that I attended the deceased from 1940 to April 26, 1941
that I last saw him alive on April 26, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: Hypertension

8. AGE: Years 65 Months 7 Days 16 If less than one day hr. min.

Due to: High Blood Pressure

9. Birthplace: Cantril Iowa

Due to: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: None

10. Usual occupation: Merchant

11. Industry or business: _____
12. Name: John R Stevens
13. Birthplace: Virginia
14. Maiden name: Gattie Stemple
15. Birthplace: Virginia
16. (a) Informant: Eva D Stevens

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

(b) Address: Kirksville Mo
17. (a) Novinger Mo (b) Date thereof: 4 28 41

(e) Means of injury: _____
23. Signature: F B Furruch Date signed: 4-29-41

(c) Place: burial or cremation: Novinger, Mo
(a) Signature of funeral director: Spencer L Freeman
(b) Address: Kirksville Mo
19. (a) Date received local registrar: April 30/41 (b) Registrar's signature: Spencer L Freeman

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. ~~4181~~
working under my personal supervision.

Signed DEVRILEY.....

Licensed Embalmer No. 4181.....

P. O. Address.....

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.