

FILED AUG 10 1942

Registration District No. 408

Primary Registration District No. 5563

Registrar's No. 159

49
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
 (d) Street No. Smelter Hill 5
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Albert Stevens
 3. (b) If veteran, name war * * *
 3. (c) Social Security No. * * *

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1942 hour 7 minute 30 a. M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife no record
 6. (c) Age of husband or wife if alive 1867 years
 7. Birth date of deceased February 3 1867
(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.
 Immediate cause of death Acute dysentery

8. AGE: Years 75 Months 5 Days 25
 If less than one day hr. min.

Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Warren County Iowa 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Miner

Major findings: Of operations 27c
 Of autopsy

MOTHER FATHER

11. Industry or business
 12. Name Wilfred Stevens
 13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Board
 15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

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

16. (a) Informant County Records
 (b) Address Carthage, Mo.
 17. (a) Burial (b) Date thereof 7/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cemetery
 18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Mo.
 19. (a) July 30, 1942 (b) Elizabeth Coplin
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?
 While at work? (Specify type of place)
 23. Signature P. A. Hurlbut Registrar
 Address Carthage Mo. Date signed July 30 1942

1203

42.7.613

MISSOURI DEPARTMENT OF HEALTH
JUL 19 1961

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Perry L. Herbert*

Licensed Embalmer No. *959*

P. O. Address *Joplin, 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.