

1119 SEP 11 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 15 days.
(Specify whether years, months or days)
In this community 1 Mo. 15 days,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County DeKalb,
(c) City or town Maysville,
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Edward Taylor Stevens,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single,
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 22, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 9 hr. min.

9. Birthplace Know County, Ohio, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Evander Stevens,

13. Birthplace Know County, Ohio, 1
(City, town, or county) (State or foreign country)

14. Maiden name Francena Craven,

15. Birthplace Know County, Ohio, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Stevens
(b) Address Maysville, Missouri,

17. (a) Removal (b) Date thereof 9/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Maysville, Missouri

18. (a) Signature of funeral director Reginald H. Bowman
(b) Address 319 So. 10th Street, Home

19. (a) 9-1-42 (b) Rae Huggins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1942 hour 11:40 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1
1942 to Sept 1 1942
that I last saw him alive on Sept 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Anger of the stomach

Due to.....
Due to.....

Other conditions Diabetes Disipulus
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Same as above

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)
(e) Means of injury.....

23. Signature Thos. H. Huggins (M. D. or other) D.O.
Address 823 Pearson Date signed 9-1-42

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

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

MOTHER FATHER

APR 28 1943

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

9/1/42

working under my personal supervision.

Registered Apprentice No.

Signed

Robert Bowman

Licensed Embalmer No.

3619

P. O. Address

St. Joseph, 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.