

FILED APR 14 1943

Registration District No. 77

Primary Registration District No. 3008

14
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 5 mo. 8 days
(Specify whether)

In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Montgomery City
(If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Stevenson

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

4. Sex male 5. Color or race colored

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 Oct 3 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 5 22 hr. min.

9. Birthplace W.Va (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Tom Stevenson

13. Birthplace Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Marsha Palmer

15. Birthplace Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant County Clerk

(b) Address Montgomery City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

18. (a) Signature of funeral director J. H. ...

(b) Address Montgomery Cemetery

19. March 26-43 (Date received local registration) (b) J. H. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 1 1943, to March 25 1943 that I last saw him alive on March 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Diphtheritic Meningo Encephalitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 302

Of autopsy

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

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 Forrest Thomas (M. D. or other)
Address State Hospital no 1 Date signed 3/26/43

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 *Joseph A. Marlow*

Licensed Embalmer No. *3658*

P. O. Address *Montgomery, Ala.*

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.