S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1944

State File No. 2182

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 108

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1213 North 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1010 Church St
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George Thomas Stevenson

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mary

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb 10, 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 14 If less than one day hr. min.

9. Birthplace: Sparta (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Storekeeper

11. Industry or business: Union Terminal Ry

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mary Stevenson
(b) Address: 1010 Church St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: 224 South 10th St, St. Joseph, Mo.

19. (a) 1-27-44 (Date received local registrar) (b) Rae Henry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 24 year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 4th, 1944 to January 12th, 1944; that I last saw him alive on January 12th, 1944; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tumor | |
| Carcinoma of stomach | 5 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy: none

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): XXXXXX
(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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: Clifton Church M. D. (M. D. or other)
Address: SOCIAL WELFARE BOARD St Joseph Mo Date signed: 1/26/44

1285 (Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

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.**