

FILED MAY 15 1944 378

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4104

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Employers Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Kansas (b) County. Crawford
(c) City or town. Pittsburgh AR
(If outside city or town limits, write "RURAL") NR
(d) Street No. (If rural, give location) 17
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME DEWITT STEVENS

3. (b) If veteran, name war. None 3. (c) Social Security No. Unknown

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Nellie Stevens 6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased. November 11, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 5 18 hr. min.

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

10. Usual occupation. Cashier (Frisco R.R.)

11. Industry or business

12. Name. Edward Stevens
13. Birthplace. Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Ann Lindly
15. Birthplace. Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Nellie Stevens
(b) Address. Pittsburgh, Kansas

17. (a) Removal (b) Date thereof. 4/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Columbus, Kansas

18. (a) Signature of funeral director. Albert H. Hoppe Inc.
(b) Address. 4700 Washington Blvd.

19. (a) MAY 3 1944 (b) Registrar's signature. J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 4 day. 29
year. 1944 hour. 2 minute. 50 P.M.

21. I hereby certify that I attended the deceased from 4/25/44 19. to 4/29/44 19.
that I last saw him alive on 4/29/44 19.
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardio Vascular Duration 5 days
Renal disease

Due to Coronary Heart Disease - 2 yrs

Due to

Other conditions. 1/2/1
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy. None

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. 0

23. Signature. T. G. Haugness (M, D, or other) MD
Address. Frisco Hosp St Louis Mo Date signed. 4/29/44

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

NOTE

NOTE

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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..... *Albert A. Happe*

Licensed Embalmer No. 1861

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.