V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31883

State File No.

FILED OCT 13 1944

Registration District No. 3 9 5

Primary Registration District No. 4474

Registrar's No. 20

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town SWEET SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 318 N. MILLER ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 30 YR. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE
(c) City or town SWEET SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 318 N MILLER
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NEVADA STEVERSON
3. (b) If veteran, name war ✓
3. (c) Social Security No.

4. Sex 2 FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased MAR. (Month) 27, (Day) 1896 (Year)

8. AGE: Years 48 | Months 9 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace PARIS (City, town, or county) Mo (State or foreign country)
10. Usual occupation School TEACHER.
11. Industry or business RURAL School
FATHER 12. Name EDWARD HADDEN
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name IRENE LEWIS
15. Birthplace KY (City, town, or county) (State or foreign country)
16. (a) Informant W. S. Stevenson
(b) Address SWEET SPRINGS MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 (Month) 10 (Day) 44 (Year)
(c) Place: burial or cremation MARSHALL CEMETERY
18. (a) Signature of funeral director P. C. Carter
(b) Address Sweet Springs Mo
19. (a) 9-10-44 (Date received local registrar) (b) Mrs Dee K Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7th
year 1944 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from Mar 6 1943 to Sept 7 1944
that I last saw h alive on Sept 4 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adenocarcinoma of Colon	10 mo.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cancer of the Colon at level of sacro-iliac joint
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) —
(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 A. T. Finger (M. D. or other)
Address Sweet Springs Mo Date signed 9-9-44

1218 (Licensed Embalmer's Statement on Reverse Side)

FILED
District Health Officer No. 8
District File Number
Date Filed 10-11-71

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 R C Carter

Licensed Embalmer No. 3513

P. O. Address [illegible]

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.