V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

23527

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 42 Primary Registration District No. 1006 Registrar's No. 805

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: Hadsock Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence ~~Henry~~ Elmer Stevenson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN (Month) 9 (Day) 1861 (Year)

8. AGE: Years 84 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Carlinville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Probate Judge

11. Industry or business

12. Name George G. Stevenson

13. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

14. Maiden name Jane E. Holme

15. Birthplace Carlinville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Miss Lorene Nance

(b) Address Savannah Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 7-27-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 7-27-45 (Date received local registrar) (b) Helen S. Peckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from July 6, 1945, to July 23, 1945, that I last saw him alive on July 23, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	24 hr
Due to Chronic Endocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 92

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 2

23. Signature Clifford L Studley (M.D. or other) D.O.

Address Savannah Mo Date signed 7/24/45

1577 (Licensed Embalmer's Statement on Reverse Side)

MAY 2 1947

MAR 25 1947

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 E. C. Greik

Licensed Embalmer No. 2658

P. O. Address Sacramento 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Andrew }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of May, 1947, before me appears Clarence Henry Stevenson, who, upon his oath, states that the original record of ~~birth~~ death for Clarence Elmer Stevenson died ~~born~~ July 23, 1945 in the State of Missouri, and which was filed at Savannah on 7-27, 1945 should be corrected as follows:

Item No. 3 should read Clarence Elmer Stevenson
Instead of Clarence Henry Stevenson
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clarence Henry Stevenson
Relationship.
By Lorraine Latham
Admrs. Estate of Estate of Clarence Elmer Stevenson, dec'd
Savannah Missouri
Present Address.

Subscribed and sworn to before me this 1 day of May, 1947

My Commission expires Feby 19 - 1951 Eunice E. Stephenson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

23527