

FILED JAN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life Time
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 316 North Ball St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer G. Stevison

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 6 hr. min.

9. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Book keeper Eagle Picher

11. Industry or business Mining

12. Name L.J. Stevison

13. Birthplace No Data Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pauline Hatcher

15. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Stevison (wife)

(b) Address 316 North Ball St. 12/28-45

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge - Lewis

(b) Address Webb City

19. (a) 12-31-45 (b) El Stevison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1945 hour 9 minute 57 AM

21. I hereby certify that I attended the deceased from Dec 22 1945, to Dec 26 1945
that I last saw him/her on Dec 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Due to _____
Due to _____

Other conditions ✓
(Includes pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy _____

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 O.T. Blauke (M. D. or other) M.D.
Address 725 Exchange Bldg. Joplin Mo. Date signed 12/26-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100496

45-12-1049

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 Richard Gray Lewis

Licensed Embalmer No. 4400

P. O. Address Webb City 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.