

FILED JAN 5 1948

Registration District No. 61

Primary Registration District No. 6228

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Hume (Rural) (Henry townshi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 East--4 1/2 South of Hume Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harvey Addiss Stevens

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 Jose Ann Stevens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Linn County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Trucking business

12. Name Jacob Stevens

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

14. Maiden name Ida Marsh

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

16. (a) Informant Mrs. Jose Stevens

(b) Address Hume, Missouri

17. (a) Burial (b) Date thereof 11-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hume Mo. Cemetery

18. (a) Signature of funeral director Konantz Mortuary

(b) Address Fort Scott, Kansas

19. (a) Nov 30-47 (b) Bertha Single
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Hume (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 East--4 1/2 South of Hume
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1947 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 11 to Nov 16, 1947
that I last saw him alive on Nov 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 3 days

Due to Arterio Sclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (3) Of autopsy (1)
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 6

23. Signature Oliver Allen (M. D. or _____)
Allen Date signed 11/17/47

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

MOTHER FATHER

Handwritten notes and signatures on the left margin.

RECEIVED
DIVISION OF HEALTH OFFICE NO. 7
11-27-1402
12-4-21
Date Filed

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 Allen W. Hammond

Licensed Embalmer No. 4109

P. O. Address Fort Scott, Kansas

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.