

FILED MAR 22 1948

Registration District No. **42**

Primary Registration District No. **1000**

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:
124 Fulkerson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **44 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **John Henry Stevens**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Minnie Stevens** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 4, 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **28** If less than one day hr. min.

9. Birthplace **Unknown** **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Repair Shop**

11. Industry or business **Owner**

12. Name **Unknown**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Stevens**

(b) Address **124 Fulkerson St.**

17. (a) **Burial** (b) Date thereof **Mar. 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **CLARK FUNERAL HOME**

(b) Address **120 Illinois Ave.**

19. (a) **3-16-48** (b) **H. G. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **124 Fulkerson St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**
year **1948** hour **3** minute **15** p. M.

21. I hereby certify that I attended the deceased from **1-10** 19**48** to **3-2** 19**48**
that I last saw him alive on **2-23** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of abdomen site unknown**
Duration **Unknown**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: **50**
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 **John L. Brown** (M. D. or other) **0**

Address **St. Joseph, Mo.** Date signed **3-3-48**

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

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.....

..... *Max E. Meyer*, Registered Apprentice No. 49
working under my personal supervision.

Signed *Earl A. Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.