S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 7 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 37812

Registrar's No. 381

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

4
3

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town ESTHER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5th & JEFFERSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS 94

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

(d) Street No. 5th & JEFFERSON
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROME ESPER STEVENS

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-9680

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife BESSIE M. STEVENS

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased MARCH (Month) 2 (Day) 1898 (Year)

8. AGE: Years 50 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace WASHINGTON CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation MINNER

11. Industry or business LEAD COMPANY

FATHER
12. Name RILEY STEVENS
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MARTHA TURNNER
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS. ROME STEVENS
(b) Address ESTHER, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation PARK VIEW CEM.

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address DESLOGE, MO

19. (a) 12-2-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month NOV. day 29
year 1948 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from NOV. 13, 1948, to NOV. 29, 1948
that I last saw him alive on NOV. 29, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr myocarditis Chr nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C H Appleberry (M. D. or other) MW
Address Flat River MO Date signed 11.30.48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
Registrar's File Number 1248-153
Date Filed 12-6-48

MAR 11 1949

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 L. T. Sayers

Licensed Embalmer No. 3660

P. O. Address Lesloge, 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.