

FILED SEP 21 1948

Registration District No. ....

Primary Registration District No. 2020

Registrar's No. 193

1. PLACE OF DEATH:

(a) County. **Henry**  
(b) City or town. **Clinton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution. **110 West Tebo**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **6 years**  
(Specify whether years, months or days)

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

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

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

6. (b) Name of husband or wife. **Bertha Daniles Stevens** 6. (c) Age of husband or wife if alive. **Deceased**

7. Birth date of deceased. **October 3 1890**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **11** Days **9** If less than one day  
.....br.....min.

9. Birthplace. **Benton County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Mining-retired**

11. Industry or business. ....

12. Name. **Jesse Stevens**

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

14. Maiden name. **Jane Owens**

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

16. (a) Informant. **Mrs. Perry Nace**

(b) Address. **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof. **9-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Windsor, Missouri**

18. (a) Signature of funeral director. **Huston-Turner**

(b) Address. **Windsor, Missouri**

19. (a) **9-14-48** (b) **R.R. Kenney**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Henry**  
(c) City or town. **Clinton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **110 West Tebo**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **12**  
year **1948** hour **8** minutes **10 p m**

21. I hereby certify that I attended the deceased from **9-12-48** to **9-18-48**  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Bronch pneumonia & congestive heart failure**

Due to **progressive paralysis** 271

Due to **hypertension** 284

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... **309**

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. **H. Walker** (M. D. or other) **M.D.**  
Address. **Clinton Mo** Date signed **9-13-48**

Duration **10 do**  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7;  
District File Number 8-48-1105  
Date Filed 9-20-48

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 \_\_\_\_\_

William M. Turner, Registered Apprentice No. 470,  
working under my personal supervision.

Signed William M. Turner

Licensed Embalmer No. 3391

P. O. Address Windsor Ma

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.