

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14325
 Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 1044
 (b) Township Benton Primary Registration District No. 5229
 (c) City Jerico Springs (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 221

2. PRINT FULL NAME Henry Clay Stewart

(a) Residence, No. _____ St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
 4. COLOR OR RACE: White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan Stewart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 15, 1858
 7. AGE: YEARS 79 MONTHS 8 DAYS 21
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.: Farming
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Unknown

FATHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown

MOTHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Bert Cooper Jerico Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenfield Cemetery DATE: May 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. C. DAVIS & CO. Stockton, Mo.

20. FILED: 5-9 - 1938 Ma. May Heifner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to May 5, 1938
 I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Uremic poisoning Date of onset May 2, 38

Other contributory causes of importance:
Hypertrophy of Prostate
Bright's Disease C.R.
Chronic Cystitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify: _____
 (Signed) J. Bennett M.D.
 (Address) Jerico Springs, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.