

DEC 13 1938

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

39700
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508

(b) Township 1 Primary Registration District No. 3026

(c) City Chillicothe (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERTA - IRENE - STEWART

(a) Residence, No. 107 Church St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-19-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Utica - Mo

13. NAME Albert Crane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow Mo.

15. MAIDEN NAME Irene Bland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

17. INFORMANT (ADDRESS) 107 Church
Geo. W. Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE North Cemetery DATE Dec-1-1938

19. FUNERAL DIRECTOR (ADDRESS) J. G. Meinershagen 456
Chillicothe Mo

20. FILED 11/30/38 Ronald Maxwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-28-1938

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938 to Nov 28, 1938

I last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset unknown

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis Chem. Lab. 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) W. E. Carpenter, M. D.
(Address) Chillicothe Mo

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.

FEB 26 1947

APR 27 1948

STATEMENT BY LICENSED EMBALMER

I, Elmer Thomas, Licensed Embalmer No. 2640

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.)