WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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JUN 8 1939

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

18700
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 328
(b) Township — Primary Registration District No. 3017 — Registered No.
(c) City Trenton — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 27 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ben F. Stewart
(a) Residence, No. 363 52 - West 15th Street 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Emma Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th, 1858
7. AGE: YEARS 80 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Shoemaker
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) 1924 - June
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Modena Missouri

FATHER
13. NAME William Harrison Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Sarah Akers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

17. INFORMANT (ADDRESS) Ray Stewart Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Crescent Trenton Mo DATE 3-16th-39, 19
19. FUNERAL DIRECTOR (ADDRESS) Raymond Adams Trenton Mo
20. FILED 3-11, 1939 Irene D Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939
22. I HEREBY CERTIFY, That I attended deceased from Viewed, 19 Body as Coroner 19
I last saw h.....alive on....., 19..... Death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:
Exposure to Cold — Date of onset 3-10-39
140
Other contributory causes of importance:
Had senile dementia and wandered away from home & died from Exposure
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. F. Fair, M. D.
360 (Address) Trenton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 39-568
Date Filed JUN 1 1939

STATEMENT BY LICENSED EMBALMER

I, Raymond A. Davis, Licensed Embalmer No. 3424

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

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.)