

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Audrain County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Jane Mae Stewart 3123

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 13 1939
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day 5 hr. _____ min.

9. Birthplace Mexico Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Evert E Stewart
 18. Birthplace Mexico Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Meta late
 15. Birthplace Mineola Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett E. Stewart
 (b) Address R-5, Mexico Mo

17. (a) Burial (b) Date thereof Nov 17, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetry Mexico Mo.

18. (a) Signature of funeral director Chas E. Bond
 (b) Address Mexico Mo

19. (a) November 16, 1939 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD 5.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
 year 1939 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 13, 1939, to Nov 16, 1939
 that I last saw her alive on Nov 16, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Breast Cancer Duration 3 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Ed Williams (M. D. or other) M.D.
 Address Mexico Mo Date signed 11-16-39

PHYSICIAN
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1072

RECEIVED

District Health Officer No. 10

District File Number 12-39-2125

Date Filed DEC 8 1939

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38878
Do not use this space.

1. PLACE OF DEATH

(a) County Andrain Registration District No. 26
(b) Township Primary Registration District No. 3002 Registered No. 154
(c) City Mexico (d) Street No.
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jane Mae Stewart
(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-9 1940 R. S. Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1939

22. I HEREBY CERTIFY, That I attended deceased from

1939 to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Pneumonia Bronchitis
no complications
was a small twin.
Date of onset 10/7/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) R. S. Williams , M. D.

(Address) Mexico Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY
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.

