

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 16 1939
Registration District No. 849

Primary Registration District No. 6114

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 6 years _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Everett Clate Stewart 363

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1939 hour 5:15 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1939 to 11/15 1939

that I last saw him alive on 11/1 1939 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Erma Helen Age of husband or wife if alive 49 years

7. Birth date of deceased November 29, 1886

(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration

8. AGE: Years Months Days If less than one day

52 11 2 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Parkersburg W. Va.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Ira Fletcher Stewart

18. Birthplace Parkersburg W. Va.

(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Hopkins

15. Birthplace Parkersburg W. Va.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Shannon Stewart

(b) Address Osgood MO

17. (a) Burial (b) Date thereof 11-5-1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Wesley E. Kent & Son

(b) Address Green City, Mo.

19. (a) Nov 30-1939 (b) Virginia Gibson

(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Dehner (M.D. or other) _____

Address Green City Mo. Date signed 11-2-39

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.

1 X1951

RECEIVED

District Health Officer No. 10

District File Number ⁷²⁻³⁴⁻²⁰⁷⁰

Date Filed **DEC 5 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.