

FILED MAR 7 - 1940

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 27

10  
3  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution  
Bellevue Convalescent Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)

In this community 3  
years, months or days

3. (a) PRINT FULL NAME EDGAR STEWART

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Lyons Stewart

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 11 29 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. L. Stewart

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Phelps

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. Jones

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 2-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Harvey

(b) Address Columbia, Mo.

19. (a) 2/8/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

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

(d) Street No. 104 Ripley  
(If rural, give location)

(e) If foreign born, how long in U. S. A? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7  
year 40 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 6:45 to 6:00, 1940, to 2-7- 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat  
Do not know

Due to Do not know

Due to Do not know

Other conditions Hemorrhage from cancer  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. P. Bryant (M. D. or other) Mo.

Address Columbia, Mo. Date signed 2-8-40

---

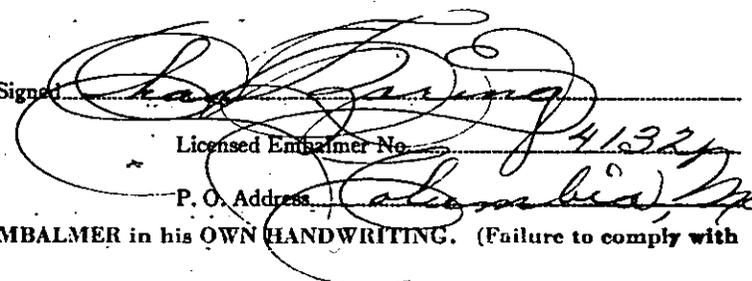
---

**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. 41324

P. O. Address Columbia, 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.**