

FILED MAR 7 - 1940  
73

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3006

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Bronx

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

(c) Name of hospital or institution: \_\_\_\_\_  
211 Westmont Ave  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mestelle W. STEWART 36

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race white

6. (a) Name of husband or wife O. M. Stewart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 2 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Charles William

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

14. Maiden name Jessie Cornwell

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

16. (a) Informant O. M. Stewart

(b) Address 211 Westmont, Columbia

17. (a) Burial (b) Date thereof 2-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director Barker

(b) Address Columbia, Mo

19. (a) 2/13/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 211 Westmont  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1940 hour 2 minute PM

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_  
Did before and carried

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis of coronary artery

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: no operetis

Of operations \_\_\_\_\_

Of autopsy none

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) \_\_\_\_\_

(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 W. K. Humphreys (M. D. or other) \_\_\_\_\_

Address Columbia, Mo Date signed 2-13-40

Corrected by affidavit - mar-3-1940

See misc file # 248

32

M.B.V.  
-11-11-6  
T.E.  
1964

MAY 31 1964

**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. 4132

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 35

**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:  
211 Westmount  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ESTELLE W. STEWART  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife O. M. Stewart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 2 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 10 ; If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
12. Name Charles Williams  
18. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Cornwall  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant O. M. Stewart  
(b) Address 211 Westmount, Columbia, Mo.

17. (a) Burial (b) Date thereof 2-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker's  
(b) Address Columbia, Mo.

19. (a) 2/13/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Boone  
(c) City or town Columbia, Mo  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 211 Westmount  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 12  
year 1940 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
Died before I arrived  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to non  
non

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations no fluids  
Of autopsy none

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 W. K. Kaufmann (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo Date signed 2-13-40

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-5891

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**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.....

P. O. Address.....

**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.**