

AUG 18 1940

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

25610  
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477  
(b) Township Highland Primary Registration District No. 200  
(c) City ..... (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 19

2. PRINT FULL NAME Cecil Stewart

(a) Residence, No. 1000 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single - Baby</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 28, 1940</b>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Baby</b>	
	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) <b>Lewis County</b> (STATE OR COUNTRY) <b>Missouri</b>		
FATHER	13. NAME <b>Noland Stewart</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>Lewis County</b> (STATE OR COUNTRY) <b>Missouri</b>	
MOTHER	15. MAIDEN NAME <b>Leona Marie Bringer</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>Lewis County</b> (STATE OR COUNTRY) <b>Missouri</b>	
17. INFORMANT <b>Mrs. Leona Stewart</b> (ADDRESS) <b>Lewistown, Missouri</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Prim Cemetery</b> DATE <b>July 29, 1940</b>		
19. FUNERAL DIRECTOR (NAME) <b>Reuben Sawyer</b> (ADDRESS) <b>Lewistown, Missouri</b>		
20. FILED <b>Aug. 1, 1940</b> <b>P. W. Jennings</b> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29, 1940**

22. I HEREBY CERTIFY, That I attended deceased from **July 28, 1940**, to **July 29, 1940**  
I last saw him alive on **July 28, 1940** Death is said to have occurred on the date stated above, at **1:30 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Premature birth**  
Date of onset **12/1**

Other contributory causes of importance:  
**Over-exertion of mother**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **None** 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) **Harry S. P. Crocker**  
(Address) **Lewistown, Missouri**

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.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1625

Date Filed AUG 15 1940

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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 conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**