

No. 2  
-11-10-39  
5-17-39  
K 21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 21 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43295

Registration District No. 605

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Catron (Village of Mana)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

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

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

In this community Two years years, months or days

3. (a) PRINT FULL NAME Leonard Steward

3. (b) If veteran, no name war ✓  
3. (c) Social Security No. 489-14-5470

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Dec 9 1940  
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Pontotoc County Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Cotton ginners

12. Name Guss Steward

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

14. Maiden name Martha Jenkins

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

16. (a) Informant Carl Steward

(b) Address Warehouse Mo

17. (a) Burial (b) Date thereof 12-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery near Mana in Gin

18. (a) Signature of funeral director Thomas C. Kuyuth

(b) Address Parma Mo

19. (a) 4/2/41 (b) G.W. Hunter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Catron  
(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.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1940 hour Two minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Several small arms, cut in back of neck. - Fast of blood

Due to Cut by saw in gin

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) accident

(b) Date of occurrence Dec 9-1940

(c) Where did injury occur? Catron Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Gin

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

23. Signature L. A. Richards Jr (M.D. or other) Coroner

Address New Madrid Date signed 12-9-40

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

#5

RECEIVED

District Health Officer No.

District File Number 141-52

Date Filed 1/9/41

141-52

**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 Thomas C Knight

Licensed Embalmer No. 2109

P. O. Address Parma 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.