

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

FILED FEB 17 1941

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 6

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
510 E. Highway 54
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS JACKSON STEWART

3. (b) If veteran, name war _____ 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 ETA K. STEWART 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased FEBRUARY 11 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 10 If less than one day hr. _____ min. _____

9. Birthplace BOONE County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER } 12. Name THADDIS WARREN STEWART
13. Birthplace BOONE County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name MARY SUSAN PALMER
15. Birthplace BOONE County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Q. Stewart
(b) Address Vandalia Mo

17. (a) Burial (b) Date thereof Jan. 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia Missouri

19. (a) Jan 22 '41 (b) R. Lee Alfred M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ANDRAIN 04
(c) City or town VANDALIA ?
(If outside city or town limits, write "RURAL")
(d) Street No. 500 E. Highway 54
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 26th, 1940, to Jan 21, 1941;
that I last saw him alive on Jan 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Chronic Bronchial Asthma

Due to _____
Other conditions (Include pregnancy within 3 months of death) 42 W

Major findings: _____
Of operations _____
Of autopsy _____

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? 0 00

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

23. Signature R. Lee Alfred (M. D. or other) 0
Address Vandalia Mo Date signed 1/22/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-343

Date Filed FEB 15 1941

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Sausalito, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.