

**RECORDED MAR 17 1941**

Registration District No. **4**

Primary Registration District No. **4211**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(c) Name of hospital or institution **708 West Jackson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 months**  
In this community **2 months**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **708 W. Jackson**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Marcia Ann Stewart**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **child**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 17, 1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**2 12** hr. min.

9. Birthplace **Windsor Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name **William Wesley Stewart**

13. Birthplace **Johnson County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Esther Bridges**

15. Birthplace **Windsor Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Bridges**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **1-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Mo.**

19. (a) **1-30-41** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**  
year **1941** hour **10:00** a **m** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 26**  
\_\_\_\_\_, 19**41**, to **Jan 29**, 19**41**;

that I last saw her **Jan 29** alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

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

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) \_\_\_\_\_

(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? \_\_\_\_\_

**3/19** (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury **2**

23. Signature **[Signature]** (M. D. or other) **DO**

Address **Windsor, Mo** Date signed **1-30-41**

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

42  
20

42  
20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-434

Date Filed 3-5-41

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.....

working under my personal supervision.

....., Registered Apprentice No. ....

Signed: .....

*Edw. M. Hinton*

..... Licensed Embalmer No. 3391

..... P. O. Address Wilkesboro, 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, fact should be so stated above.