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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11813

Registration District No. 739 Primary Registration District No. 5974441 Registrar's No. 10

**1. PLACE OF DEATH:**

(a) County: Ray

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

(c) Name of hospital or institution: none (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: all Her Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Ray 89

(c) City or town: Camden Mo 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)

If yes, name country: U.S.A. 0

3. (a) PRINT FULL NAME: Maud Stewart

3. (b) If veteran, name war: none

3. (c) Social Security No.

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: Frank Stewart Deceased

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Jan 26 th. 1877. (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: Canden Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business:

FATHER 12. Name: Tom Stewart

13. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name: Milda King

15. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Mary E. Cooper

(b) Address: Camden Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Camden Mo.

18. (a) Signature of funeral director: J. B. Brothers

(b) Address: Richmond, Mo.

19. (a) 3/4/41 (Date received local registrar) (b) A. A. Campbell, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 4 year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 23, 1941 to Mar. 4, 1941 that I last saw him alive on Mar. 1, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Influenza | 1/22 |
| Due to: Intractable diarrhea | |
| Due to: Age | |
| Other conditions (Include pregnancy within 3 months of death): 0 | |
| Major findings: Of operations: None | |
| 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A. A. Campbell (M. D. or other) M.D.

Address: Orrick, Mo. Date signed: 3/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number 44-15-41
Date Filed

**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 J.B.Brothers, Registered Apprentice No. ..... working under my personal supervision.

Brothers Funeral Home

Signed J. B. Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond Mo.

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

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