

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25082

FILED AUG 15 1941  
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 540

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution:  
741 South St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039  
(a) State Missouri (b) County Greene 2  
(c) City or town Springfield 6  
(d) Street No. 741 South St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLARA CORNELIA STEWART  
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3<sup>rd</sup>  
year 1941 hour 11:20 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Frank Stewart 6. (c) Age of husband or wife if alive 70  
7. Birth date of deceased March 19 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1934 19 July 3 19 41  
that I last saw her alive on July 1 19 41  
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 3 Days 14 If less than one day  
hr. min.

Immediate cause of death Heart failure sudden  
as embolic stroke, in  
irregular heart Duration 2 yrs  
Due to Arteriosclerotic hypertensive  
heart disease 12 yrs

9. Birthplace Elkhorn Tavern Kentucky  
(City, town, or county) (State or foreign country)

Other conditions g3d  
(Include pregnancy within 3 months of death)

10. Usual occupation None  
11. Industry or business None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James M. Hoover  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary V. Pinner  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stewart  
(b) Address 741 South Springfield, Mo  
17. (a) Burial (b) Date thereof July 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
no.

18. (a) Signature of funeral director H. C. Glicene  
(b) Address Springfield, Mo  
19. (a) 7-3-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature H. E. Hanner (M. D. or other) D  
Address Springfield Mo. Date signed 7-3-41

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

**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

*Self*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed: *R. H. Williams*  
Licensed Embalmer No. *3681*  
P. O. Address *Springfield, Mo.*

**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. *X*