No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28010

State File No.

Registration District No. 175

Primary Registration District No. 5243

Registrar's No. 43

21
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1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural — Salisbury Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 mi south of Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R F D - Salisbury, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Daniel Webster Stewart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife Maggie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 21 (Day) 1877 (Year)

8. AGE: Years 64 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Dealyville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elijah Stewart
13. Birthplace Terra Haute, Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Biggers
15. Birthplace Mexico (City, town, or county) Mo (State or foreign country)

16. (a) Informant Wm Stewart
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo

19. (a) 8/23/41 (Date received local registrar) (b) G W Hawthorne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1941 hour 8 minute 55 a M.

21. I hereby certify that I attended the deceased from Jan 29, 1941, to Aug 23, 1941;
that I last saw him alive on Aug 22, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis generalized arteriosclerosis	1 yr.
Due to syphilis - tertiary	?
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

30 g

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 F L Harms (M. D. or other) MD
Address Salisbury Mo Date signed 8/27/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-12-41
Date Filed June 21 1877

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~~ [signature], Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3981

P. O. Address Salisbury, 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.