. 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 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28554

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 118

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 1 Day 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Douglas 999

(c) City or town Lawrence (If outside city or town limits, write "RURAL") 14

(d) Street No. 506 West 6th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar V. Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellora Porter

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

7. Birth date of deceased Nov. 11, (Month) (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	4	hr. min.

9. Birthplace X (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Ret'd. Farmer

11. Industry or business

FATHER
12. Name James Stewart
13. Birthplace X (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary L. Woods
15. Birthplace X (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mr. Ray Stewart

(b) Address Branson, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery Lawrence, Kansas.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri.

19. (a) Aug 18, 1941 (Date received local registrar) (b) E. J. McIntire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th, year 1941 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw him alive on Did not see him alive, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Shock, crushed chest Pulmonary hemorrhage

Due to

Due to Auto mobile accident Ran into rear end of truck which had been flagged down by road workers

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) Accident

(b) Date of occurrence Aug 15. 41 000

(c) Where did injury occur? Highway #71 (City or town) Bartry (County), Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #71, 2 mi. No of Jasper (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature R. A. Webster (M. D. or other) Coroner

Address Carthage, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-9-793

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.....

Licensed Embalmer No. 2222

P. O. Address Carthag

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.