

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38773
 Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 514
 (b) Township Monroe, JWP Primary Registration District No. 5683 Registered No. 25
 (c) City Ludlow (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Viola May Stewart.

(a) Residence, No. Ludlow, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Married (write the word)
 5A. IF MARRIED, Chas. W. Stewart. (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-19th.-1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Keeping.
 10. Date deceased last worked at this occupation (month and year) Six months ago. 11. Total time (years) spent in this occupation 55-years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar County, Ills., Ills.

13. NAME Alexander Cusick,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vigo County, Indiana.

15. MAIDEN NAME Sentha E. Wagner,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martin County, Indiana.

17. INFORMANT (ADDRESS) Chas. W. Stewart, Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe Cemetery DATE Nov. -3rd, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Michael, Bismarck, Mo.

20. FILED Nov 3 1941 Hannah Cappel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1941

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1941, to October 31, 1941

I last saw her alive on October 31, 1941 Death is said to have occurred on the date stated above, at 9:00 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 430

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 49 J. H. ...

(Address) Ludlow, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____,
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

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

If this body is not embalmed, above space should be left blank.