

**FRIED MAY 14 1942**

Registration District No. \_\_\_\_\_

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. 332 West Lexington St.  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Ann Stewart

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Stewart 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov, 30, 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 02  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mothersville Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
12. Name Francis King  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabella Boyd  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Isabella McEntee  
(b) Address Rokford Ill.

17. (a) Burial (b) Date thereof April, 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Richmond Mo.

19. (a) April 14, 1942 (b) Mrs C. W. Sheppard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12, year 1942 hour 9 minute 15 p. m.

21. I hereby certify that I attended the deceased from 4-9 to 4-12, 1942 that I last saw her alive on 4-12 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Due to hypertension  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

4 days  
?

Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Richmond Date signed 4-14-42

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

89

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-42

FEB 11 1951

MAY 9 1942

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. 2073

P. O. Address Richmond 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.