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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17386

Registration District No. 73 Primary Registration District No. 3006-5078 Registrar's No. 74

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

10
2
4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 1502 University Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1502 University Ave. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DANIEL BOONE STEWART

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sarah Elizabeth Stewart 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 10 (Month) 7 (Day) 1853 (Year)

8. AGE: Years 88 Months 7 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name John Anderson Stewart
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Boone
15. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Fern Stewart
(b) Address 1502 University Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 5-8-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1942 hour 3 minute 0 a M.

21. I hereby certify that I attended the deceased from May 6, 1940 to 5-7-, 1942 that I last saw him alive on 7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	4 hrs
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings: Of operations None

Of autopsy None

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 A W Kaufschmidt (M. D. ~~or other~~)
Address Columbia, Mo. Date signed 5/7/42

(Licensed Embalmer's Statement on Reverse Side)

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 W.V. Whitesides, Registered Apprentice No. [illegible] working under my personal supervision.

Signed W. V. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.