

No. 2
1-4-47
5-17-39
PI X26390

Registration District No. 384

Primary Registration District No. 5535

Registrar's No.

46
0
0

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

1. PLACE OF DEATH:

(a) County Howell Twp.
(b) City or town Howell
(c) Name of hospital or institution: 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Oregon
(c) City or town Koshkonong
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Henry W. Stuart

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 1
year 1941 hour about 11:00 M. 9

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ella Stuart 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1873
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

8. AGE: Years 68 Months 8 Days 28 If less than one day _____ hr. _____ min.

Due to over exertion

9. Birthplace Howell Co Ohio
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer stock Dealer

Other conditions (Include pregnancy within 3 months of death) 83a

11. Industry or business _____

12. Name Geo W. Stuart

Major findings: Of operations _____

13. Birthplace unk 9
(City, town, or county) (State or foreign country)

Of autopsy none

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. W. Stuart

(b) Address Koshkonong Mo

17. (a) _____ (b) Date thereof 12-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Wesley H. Stuart

(b) Address Howell Mo

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? Rural Community
While at work? _____ (Specify type of place) (Means of injury)

23. Signature Wesley H. Stuart (M. D. or other) _____
Address _____ Date signed 12-1-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1125

RECEIVED

District Health Officer No. 5,

District File Number 442372.

Date Filed 7-20-42

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 A. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Hill

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.