

FILED DEC 9 1942

Registration District No. 28

Primary Registration District No. 2-076-5120

Registrar's No. 263

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia "Rural"
 (If outside city or town limits, write "RURAL" and name of township)
 (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 X (Specify whether)
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Callaway
 (c) City or town Stephens
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Olivia Stewart
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 19th
 year 1942 hour 2:15 minute P. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to NOV. 19th 1942
 that I last saw him alive on NOV. 18th 1942
 and that death occurred on the date and hour stated above.

4. Sex Female / race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Thomas Stewart
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased March 4th 1858
 (Month) (Day) (Year)

Immediate cause of death Hypertensive pneumonia Duration ✓
 Due to Senility
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 84 Months 8 Days 15
 If less than one day _____ hr. _____ min.
 9. Birthplace Johnson Co MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER {
 11. Industry or business _____
 12. Name James Young
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Berelda Challis
 15. Birthplace Boone Co MO
 (City, town, or county) (State or foreign country)
 16. (a) Informant G.W. Stewart
 (b) Address Stephens
 17. (a) Burial (b) Date thereof NOV 21, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem
 18. (a) Signature of funeral director R. Powell
 (b) Address Callaway
 19. (a) Nov 27 42 (b) Edna H. Barber
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury 5
 23. Signature Edna H. Barber (M. D. or other)
 Address Callaway MO Date signed 11/27/42

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-1
KessesX
ALL RECORDS

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..... *Rowden*

Licensed Embalmer No. *3183*

P. O. Address.....

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.

Willet
FUNERAL HOME
COLUMBIA, MO.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 36658
 Registrar's No. 263

Registration District No. 29 Primary Registration District No. 5122

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (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 years, months or days)

3. (a) PRINT FULL NAME Olivia Stewart

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased mar 4
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 14
If less than one day min.

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

10. Usual occupation.....

11. Industry of business.....

MOTHER FATHER

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

16. (a) Informant..... (b) Address.....
 17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
 Immediate cause of death hypostatic pneumonia
 Duration 6

Due to senility

Due to.....
 Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 10911

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?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....
 Address..... Date signed.....

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

SUPPLEMENTARY

S-36658