

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 71

FILED APR 9 1943
Registration District No. 1909

Primary Registration District No. 4097

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. (Specify whether years, months or days)

In this community 2 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville
(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 0

3. (a) PRINT FULL NAME ANNA BOLEN STUART

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3
year 1943 hour 8:15 minute A M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stephen S. Stuart

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Mar 5 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 28 1943, to Apr. 3 1943; that I last saw her alive on Apr. 3 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>28</u>	<u>hr. min.</u>

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterial Hypertension

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

Due to: Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death) Ja

10. Usual occupation Home-maker

11. Industry or business

12. Name Henry C. Bolan

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Frances Creighton

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Frances E. Zolliker

(b) Address Harrisonville Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 5 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem.

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) April 7, 1943 (Date received from registrar)

(b) Margaret Valle (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

23. Signature J. S. Riplett, M.D. (M. D. or other)

Address Harrisonville Mo. Date signed 4/7/43

1047

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 _____

Ernest R. Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.