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OM-542  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10745**

FILED APR 14 1943

Registration District No. **299**

Primary Registration District No. **5669**

Registrar's No. \_\_\_\_\_

57  
0  
0

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

1. PLACE OF DEATH:

(a) County **LINCOLN**  
(b) City or town **RURAL, HAWK POINT TWP.**  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LINCOLN 50**  
(c) City or town **RURAL, HAWK POINT TWP.**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **PAUL STUART**

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

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ANNA STUART**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **MAY 11, 1981**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 10 0** hr. \_\_\_\_\_ min.

9. Birthplace **HAWK POINT MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER.**

11. Industry or business **OWN FARM.**

MOTHER FATHER  
12. Name **GEORGE STUART**  
13. Birthplace **UNKNOWN INDIANA**  
(City, town, or county) (State or foreign country)  
14. Maiden name **JAMIMAH (UNKNOWN)**  
15. Birthplace **HAWK POINT MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Stuart**  
(b) Address **Hawk Point, Mo.**

17. (a) **BURIAL** (b) Date thereof **MAR 13 '43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **HAWK POINT, Mo.**

18. (a) Signature of funeral director **Temp Funeral Home**  
(b) Address **Troy, Mo.**

19. (a) **3-15-43** (b) **Mrs Guy Jackson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **11**  
year **1943** hour **1** minute **15 AM.**  
21. I hereby certify that I attended the deceased from **2/10**  
**4/1** to **MARCH 11, 1943**  
that I last saw him alive on **MARCH 10, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis (Pulmonary)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **1381**  
Of autopsy \_\_\_\_\_

Duration **10 yrs**  
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) Means of injury **41**  
23. Signature **John H. Jackson** (M. D. or other)  
Address **Troy, Mo.** Date signed \_\_\_\_\_

1134

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Joseph J. Marsh*

Licensed Embalmer No.....

*3932*

P. O. Address.....

*Proy. 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.**