

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24995

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 578

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1960 WASHINGTON
(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)

3. (a) PRINT FULL NAME JOHN T. STEWART
3. (b) If veteran, name war NONE 3. (c) Social Security No. Unk.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MELVINA STEWART 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 31 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business Miscellaneous Work

12. Name JOHN STEWART

13. Birthplace Unk. UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARY M. VAL

15. Birthplace Unk. UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Melvina Stewart
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope (Cm)

18. (a) Signature of funeral director J. W. Kingler
(b) Address Springfield, Mo.
19. (a) 7-21-43 (b) J. W. Kingler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town Springfield
(If outside city or town limits, write "RURAL.")
(d) Street No. 1960 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 30
1942, to July 18 1943
that I last saw him alive on 7/17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary

Due to _____

Due to _____

Other conditions Myocarditis
(Include pregnancy within 7 months of death)

Major findings: Of operations 12002
Of autopsy _____

Duration
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) _____
(b) Means of injury _____

23. Signature J. W. Kingler (M. D. or other) _____
Address Springfield Date signed 7/19/43

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

9
2
6

997

(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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 4071

.....
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.