

S. No. 2
M-2-43
5-17-39
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32742

Registrar's No. 85

OCT 7 1943 381
Registration District No. 381

Primary Registration District No. 6139

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: Blank (no. 1-7)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102

(c) City or town Shelbyville - Rural
(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 0

3. (a) PRINT FULL NAME ANDREW STEWART.

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, Widowed

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

7. Birth date of deceased March 30 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>20</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Shelby Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Mr Stewart

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Deakie

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Stewart

(b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof Sept-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo

19. (a) Oct 4 1943 (b) Madge Wood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 10
1943 to Sept 19, 1943

that I last saw him alive on September 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death degenerative myocardial infarct of the mitral valve.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93A

Major findings: Of operations _____

Of autopsy _____

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 A. D. Wright 2 (M. D. or other) MD
Address Leonard Mo Date signed 10-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number ~~10-43-1643~~

Date Filed ~~Oct 6 1953~~

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 E. P. Thompson
Licensed Embalmer No. 1632
P. O. Address Shelbyville, 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.