

No. 2  
-542  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 834

34758

FILED OCT 25 1943 128  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5465

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

1. PLACE OF DEATH:

(a) County GREENE  
 (b) City or town Rural, Springfield, N. Campbell Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
West Highway #66 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 5 hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Earl Stuart

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Edythe Stuart

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

7. Birth date of deceased August 4, 1888  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Traveling Salesman

11. Industry or business Plumbing supplies

12. Name Frank Stuart

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edythe Stuart

(b) Address New York City, N. Y.

17. (a) Burial (b) Date thereof 10/10/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-10-43 (b) S. H. Hurdley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County New York

(c) City or town New York  
 (If outside city or town limits, write "RURAL")

(d) Street No. 200 Lincoln Ave.  
 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
 year 1943 hour 11:50 minute \_\_\_\_\_ P. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from No Physician in attendance 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

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 3

23. Signature Minna C. Stone (M. D. or other) \_\_\_\_\_

Address Springfield, Mo Date signed 10-11-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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, *Harlow Thabbe*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.

X