S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3563

FILED FEB 14 1944

Registration District No. 2009 Primary Registration District No. 3043 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St Elizabeth Hosp. 0 (If not in hospital or institution, write street number or location)

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

In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township 0 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME James Christian Stewart

3. (b) If veteran, name war No

3. (c) Social Security No. 498-18-2047

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December 29 (Month) (Day) 1922 (Year)

8. AGE: Years 21 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Palmyra, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Dairyman

11. Industry or business

FATHER
12. Name Eugene Stewart
13. Birthplace Maberly Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amy Stewart
15. Birthplace Palmyra, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Stewart

(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Bran

(b) Address Palmyra, Missouri

19. (a) 1/20/44 (Date received local registrar) (b) R W Connor (Registrar's signature)

1176

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1944 hour 8 minute 0 A M.

21. I hereby certify that I attended the deceased from January 17, 1944, to January 17, 1944, that I last saw him alive on January 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bodily Burns Extensive (Clothing Caught Fire) — Duration A few hours

Due to Great amount of Shock and inhalation

Due to of Fire —

Other conditions (Include pregnancy within 3 months of death) 18/-1

Major findings: Of operations 15

Of autopsy

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) Accident 064

(b) Date of occurrence January 17, 1944

(c) Where did injury occur? Palmyra Marion Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury

23. Signature Dr. T. H. Stehlman (M. D. or other) D.O.

Address Palmyra Mo Date signed 1/18/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leo B. Levi

Licensed Embalmer No. 2382

P. O. Address Palmyra Ill

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.