

Registration District No. **12 1945** Primary Registration District No. **5079**

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town RFD Butler, Spruce Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1.0 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Spruce Twp. Butler RFD  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd H. Stewart

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1945 hour 3 minute P M.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 15 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him im alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

81 11 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Coronary Occlusion

Due to found dead, no witnesses

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

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Stewart

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

14. Maiden name Martha

15. Birthplace no record (City, town, or county) (State or foreign country)

Major findings: Of operations No medical attendance

Of autopsy NO

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Maude James

(b) Address Independence Missouri

17. (a) Burial (b) Date thereof 1/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo.

18. (a) Signature of funeral director Booths

(b) Address Butler Mo.

19. (a) 1-23-45 (b) Pauline Chumpton  
(Date received local registrar) (Registrar's signature)

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?  
Home Rural 3

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Coroner

23. Signature John G. Gluckwald (M. D. or other) \_\_\_\_\_  
Address Butler Mo. Date signed 1/22/45

Dec. 7<sup>th</sup>  
1-45-97  
2-9-45

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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.....

*John H. Anderson*

Licensed Embalmer No. 3585

P. O. Address..... Butler 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.**