

FILED FEB 26 1945

Registration District No. 5

Primary Registration District No. 3810

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

1. PLACE OF DEATH:

(a) County Loafe Girardeau

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

(c) Name of hospital or institution: 1813 So. Benton St
(If not in hospital or institution, write street number or location)

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

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Loafe Girardeau

(c) City or town Loafe Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 813 So Benton St 1
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES NELSON STEWART

(b) If veteran, name war ✓

(c) Social Security No. 489-18-6481

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Feb
year 1945 hour 7 minute 50 p.m.

21. I hereby certify that I attended the deceased from 29, 1945, to Feb 7, 1945
that I last saw him alive on Feb 7, 1945
and that death occurred on the date and hour stated above.

4. Sex Male Color or race White

5. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Dec 23 - 1870
(Month) (Day) (Year)

Immediate cause of death Luxuria Duration 1/4

8. AGE: Years 74 Months 1 Days 14
If less than one day _____ hr. _____ min.

Due to 2 Degree Burns on body

Due to _____

9. Birthplace Lawrenceburg Ind 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Superintendent

Major findings: Of operations _____

11. Industry or business Lumber Mill

Of autopsy _____

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

12. Name Walter Stewart

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Stewart

(b) Address Loafe Girardeau Mo

17. (a) Burial (b) Date thereof Feb 9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cem

18. (a) Signature of funeral director Nathus Ind. Co

(b) Address Loafe Girardeau Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Jan 24-1945

(c) Where did injury occur? Loafe Girardeau Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home while making fire work
While at work? No (Specify type of fire) (e) Means of injury Burn

23. Signature J. W. Barry (M. D. or other)

Address Loafe Girardeau Mo Date signed 2-9-45

1014

FEB 26 1945

RECEIVED

District Health Officer No. 4

District File Number 245-286

Date Filed 2-23-45

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 *Vergil H. Welch*

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau - 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.