

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14096**

FILED APR 17 1945

Registration District No. **227**

Primary Registration District No. **5-8-2-54354**

Registrar's No. **4256**

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

1. PLACE OF DEATH: **New Madrid**
(a) County: **New Madrid**
(b) City or town: **Parma**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution: **2 yrs.**
In this community: **2 yrs.**
year, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **New Madrid**
(c) City or town: **Parma**
(If outside city or town limits, write "RURAL") **12**
(d) Street No.: **5**
(If rural, give location) **2**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **George Arthur Stewart**
(b) If veteran, name war: **No**
(c) Social Security No.: **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: **April** day: **2**
year: **1945** hour: **11** minute: **10 A.**
21. I hereby certify that I attended the deceased from **3-29-45** to **4-2-45**, 1945;
that I last saw him alive on **4-2-45**, 1945;
and that death occurred on the date and hour stated above.

4. Sex: **M**
5. Color or race: **White**
6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if live: _____ years

Immediate cause of death: **Cerebral thrombosis**
Due to: _____
Due to: _____

7. Birth date of deceased: **July 31 1877**
(Month) (Day) (Year)
8. AGE: Years: **67** Months: **8** Days: **1**
If less than one day: _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: **(30)**
Of operations: _____
Of autopsy: _____

9. Birthplace: **Gibson County Tenn.**
(City, town or county) (State or foreign country)
10. Usual occupation: **Retired Farmer**

MOTHER FATHER
11. Industry or business: _____
12. Name: **George F. Stewart**
13. Birthplace: **Easton Tenn.**
(City, town or county) (State or foreign country)
14. Maiden name: **Frances West**
15. Birthplace: **State of Miss.**
(City, town, or county) (State or foreign country)

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?
(Specify type of place) _____ (e) Means of injury: _____

16. (a) Informant: **Mrs. George Stewart**
(b) Address: **Parma**
17. (a) **Burial** (b) Date thereof: **4-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Malden Mo**

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

18. (a) Signature of funeral director: **Walter Jun Seade**
(b) Address: **Parma Mo**
19. (a) **April 3 1945** (b) **Mrs. S.B. Rademaker**
(Date received local registrar) (Registrar's signature)

23. Signature: **S. J. Gilbert** (M. D. or other) **100**
Address: **Parma Mo** Date signed: **4/3/45**

1028

RECEIVED

District Health Office No. 2,

District File Number 445-499

Date Filed 4/7/45

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.....

Licensed Embalmer No.

P. O. Address.....

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.