

**FILED** MAR 5 1946  
Registration District No. **2**

Primary Registration District No. **5345**

Registrar's No. **10**

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6  
4081  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Dale  
 (a) County Dale  
 (b) City or town Rural - Sacump  
 (c) Name of hospital or institution: 3 miles East of Arcola /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
 In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County Dale 27  
 (c) City or town Rural  
 (d) Street No. 3 miles East of Arcola  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME **JASPER LEE STEWART**  
 3. (b) If veteran. name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 17  
 year 1946 hour 7 minute A. M.  
 21. I hereby certify that I attended the deceased from Nov. 1, 1945 to Feb. 17, 1946  
 that I last saw him alive on Feb. 14, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male Color or race White  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Single  
 (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 14 1903  
 (Month) (Day) (Year)

Immediate cause of death: Arrhythmia fibrillations  
 Due to: Very high blood pressure  
 Duration: 3 weeks  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years 42 Months 6 Days 3 If less than one day hr. min.  
 9. Birthplace Arcola Mo. (City, town or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business Farm  
 12. Name William Stewart  
 13. Birthplace Kansas (City, town or county) (State or foreign country)  
 14. Maiden name Stella B. Jewell (State or foreign country)  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)  
 16. (a) Informant John T. Stewart  
 (b) Address Arcola, Mo.  
 17. (a) Burial (b) Date thereof 2-19-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hickory Grove  
 18. (a) Signature of funeral director Sam B. Samseney Jr.  
 (b) Address Greenfield Mo.  
 19. (a) 2-26-46 (b) J. Lee Weir  
 (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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury J.P.  
 23. Signature J. Lee Weir (M.D. or other) \_\_\_\_\_  
 Address Arcola, Mo. Date signed 2-20-46

**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..... *Sam E. Sennery Jr.*  
Licensed Embalmer No. *4099*  
P. O. Address..... *Greenfield, 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.**