

FILED JUN 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1401 Richardson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years
In this community 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 Richardson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM STEWART

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 7 - 11 - 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name James L. Stewart

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

14. Maiden name Mildred Ann Phelps

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W. Stewart

(b) Address 1401 Richardson, Columbia, Mo.

17. (a) Burial (b) Date thereof 5-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Palmer Funeral Service
Columbia, Mo.

(b) Address _____
19. (a) 5-25-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 1946, to May-25, 1946.
that I last saw him alive on May 20, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration 20 hr
stop had to cerebral
Due to hemorrhage in
the last 6 yrs.

Other conditions Gangrene of feet
(Including pregnancy within 3 months of death)

Major findings Of operation None Of autopsy None
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) No
(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? No

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Palmer (D. or other) M.D.
Address Columbia, Mo. Date signed 5-25-46

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

14024

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

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 Tom M. Harg

Licensed Embalmer No. 4867

P. O. Address Columbia 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.