

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29330

FILED SEP 6 1946

Registration District No. 368

Primary Registration District No. 6225

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Vermejo
(b) City or town Federal Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs 1 mo 16 days
(Specify what of years, months or days)
In this community 7 yrs 1 mo 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 108
(c) City or town Springsfield
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JAMES STEWART

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 5 years 1874

7. Birth date of deceased: Aug 5 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation: laborer

11. Industry or business: Robert A. Stewart

12. Name: Robert A. Stewart

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

14. Maiden name: Mary Fullmer

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

16. (a) Informant: Hospital record

(b) Address: Nebraska mo.

17. (a) Funeral (b) Date thereof: Aug 23 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis mo

18. (a) Signature of funeral director: Jerry General

(b) Address: Nebraska mo.

19. (a) 8-29-46 (b) William Yancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 6 1946 to Aug 22 1946
that I last saw him alive on Aug 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis Duration

Due to ✓

Due to ✓

Other conditions: Pulmonary T.B.
(Include pregnancy within 3 months of death)

Major findings: Of operations: no

Of autopsy: no

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

22. If death was due to external cause, 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) while at work? (e) Means of injury

23. Signature: W. H. Hall (M.D. or other) MD
Address: Nebraska mo Date signed: 8/24/46

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

MOTHER FATHER

Order No. 7,

7-16-896

Date Filed

8-30-46

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 ME

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.