

FILED NOV 26 1946

Registration District No. #7

Primary Registration District No. 3008

State File No.

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural "Carriington Mo"  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Riley Stuart

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 15 1946 to Nov 16 1946 that I last saw him alive on Nov 16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia Duration 3-4 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 32A

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) \_\_\_\_\_  
(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 \_\_\_\_\_

Signature Emery Rusk (M. D. or other) 46  
Address New Bloomfield Mo Date signed 11/16/46

8. AGE:

Years 99 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Callaway Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name James Holman Stuart

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

14. Maiden name Sarah Jane Becker

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

16. (a) Informant Juanita Hechtshausen

(b) Address 1981 Fremont - early

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 22 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation MT. Carmel

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield

19. (a) Nov 23 1946 (Date received by registrar) (b) Jose M. ... (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed..... 11-25-46

**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..... *LeRoy Claypool*.....  
Licensed Embalmer No. *4412*.....  
P. O. Address..... *New Bloomfield Pa*.....

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.