

No. 2
-12-45
5-17-39
I X47070

State File No. _____

FILED JAN 28 1947

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 2 3

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Sarah Lorna Stewart

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

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

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

7. Birth date of deceased May 11 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 30
If less than one day hr. _____ min. _____

9. Birthplace Franklin Miss
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name Franklin W. Tyler

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

14. Maiden name Christine Stewart

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

16. (a) Informant Miss Lida Ferguson

(b) Address Joplin, Mo

17. (a) Burial (b) Date thereof Jan 13 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOPE CEMETERY

18. (a) Signature of funeral director North City Co.

(b) Address North City, Mo

19. (a) JAN 13 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town North City
(If outside city or town limits, write "RURAL")
(d) Street No. 212 N. Grand St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12-6, 1946 to Jan 10, 1947
that I last saw her alive on Jan 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 30 days
of right foot and leg.

Due to Diabetes mellitus
of several years duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (c) Manner of injury _____

23. Signature [Signature] (If not of decedent) _____
Address North City, Mo Date signed 1-11-47

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

MOTHER FATHER

47-1-11
JUN 21 1957

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.....

Harvey E. Arnd....., Registered Apprentice No. *413*
working under my personal supervision.

Signed *Blayton M. Johnston*.....

Licensed Embalmer No. *4304*.....

P. O. Address *Wab City 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.