V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8750

Registration District No. 132 Primary Registration District No. 30 I 1 Registrar's No.

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2

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

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40 1
(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 613 E 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IRA BEN STUART
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct 29 (Month) (Day) 1877 (Year)

8. AGE: Years 69 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Shelby Co. Mo (City, town, or county) (State or foreign country) 7
10. Usual occupation Salesman
11. Industry or business retired
FATHER
12. Name Geo A Stuart
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Anna Singleton
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs IB Stuart 1
(b) Address Trenton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove
18. (a) Signature of funeral director Dixon D Gipson
(b) Address Trenton, Mo
19. (a) 3/18/47 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1947 hour 8:30 minute am M.
21. I hereby certify that I attended the deceased from Dec 28, 46, 1946 to March 16, 1947 that I last saw him alive on March 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death uremic coma 24 hrs

Due to Chronic glomerulo nephritis

Due to

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

Major findings:
Of operations
Of autopsy

131 B

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Harvey C. Stroff (M.D. or other) MO
Address Trenton, Mo. Date signed 3-18-47

115 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Chas D Gipson.....

Licensed Embalmer No.....3109.....

P. O. Address.....Trenton, 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.