

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17216

State File No. _____

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

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:
1608 NORTH MAIN ST
(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) 28 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY #4

(c) City or town TRENTON /
(If outside city or town limits, write "RURAL")

(d) Street No. 1608 NORTH MAIN 2
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ALLEN M STEWART

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Edna Blum

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 20, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>10</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Daviess County MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER RETIRED

11. Industry or business FARM

MOTHER, FATHER

12. Name Chas STEWART

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

14. Maiden name Thurmond Galbreath

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

16. (a) Informant Edna Stewart

(b) Address TRENTON, MO

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

(c) Place: burial or cremation Memorial Home - Payne & Davis Trenton MO.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 2, 1947 (b) Irma Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 6:45 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Feb 30, 1947
that I last saw h. _____ alive on Feb 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 mo
Due to Arteriosclerosis 1 yr

Due to _____

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

Major findings:
Of operations _____

Of autopsy GA

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) Hours of injury _____

23. Signature Edna Stewart (M. D. or other) _____
Address Trenton MO Date signed Mar 7 1947

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

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.....

Waller E. Meyer, Registered Apprentice No. *458*

working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

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.