

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20356
Registrar's No. 86

Registration District No. 77

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bells Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community 3 Weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Sask., Canada (b) County 24
(c) City or town Vice Roy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Canada

3. (a) PRINT FULL NAME Daisy Wait Stewart

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Harry O. Stewart 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 29 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 11 hr. _____ min.

9. Birthplace Reynolds, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mega Wait

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

14. Maiden name Edith Clark

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

16. (a) Informant Harry O. Stewart

(b) Address Vice Roy, Sask., Canada

17. (a) Removal (b) Date thereof 6-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds, Illinois

18. (a) Signature of funeral director Clade or [unclear]
(b) Address Excelsior Springs, Mo.

19. (a) 6/3/47 (b) Marlene Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1947 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 14th, 1947 to June 1st, 1947
that I last saw her alive on June 1st, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W.C. Purviance, M.D. (M. D. or other)

Address Excelsior Springs, Mo. Date signed 6-2-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-16-47

APR 19 1958

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.....

Robert Ray

Licensed Embalmer No.....

4182

P. O. Address.....

Excelsior Springs, 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.