

FILED AUG 7 1947

Registration District No. **47**

Primary Registration District No. **3008**

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

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 County Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Nine Days**
(Specify whether years, months or days)

In this community **15 Years**

3. (a) PRINT FULL NAME **Jennie 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 **John W. Stewart**

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

7. Birth date of deceased **Oct 3 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	27	hr. _____ min. _____

9. Birthplace **Farmington Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Steven Flood**

13. Birthplace **Dont Know** 7
(City, town, or county) (State or foreign country)

14. Maiden name " " 9

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Stewart**

(b) Address **808 Court St, Fulton, Mo.**

17. (a) **Burial** (b) Date thereof **8-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest**

18. (a) Signature of funeral director **Hallace Funeral Home**
W 6th St, Fulton, Missouri

(b) Address _____

19. (a) **Aug 2 1947** (b) **Joseph Morsuekuff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway** 14

(c) City or town **Fulton** 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. **808 Court**
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**
year **1947** hour **5** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **July 22** 1947 to **July 30** 1947;
that I last saw her alive on **July 30** 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **Generalized arteriosclerosis with hypertension**

Due to _____

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

Major findings: **GA**

Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature **George J. Leonard** (M. D. or other) _____
Address **Fulton Mo** Date signed **7/31/47**

RECEIVED
District Health Officer No. 9,
District File Number
8-6-47 Filed

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.