S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23963

Registration District No. 128 Primary Registration District No. 5467 Registrar's No. 543A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Willard - Rural - Robberson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. # 2 - Willard
(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 Greene 39
(c) City or town Willard - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Henry T. Stewart
3. (b) If veteran, name war None
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 Corda Stewart
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September (Month) 4, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73 ~~73~~	9	10	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Henry Stewart
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name D. Peterson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Corda Stewart
(b) Address Willard Mo., R # 2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation CRANE Cem.,
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 7-14-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1947 hour 5 minute 30P. M.
21. I hereby certify that I attended the deceased from Feb-27-47 June 7- 1947 to ....., 19...; that I last saw him alive on June 7- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis

Due to .....

Due to .....

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

Major findings:
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) no
(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 .....
23. Signature Ira Allison (M. D. or other) MD
Address Springfield Mo. Date signed 6-14-47

(Licensed Embalmer's Statement on Reverse Side)

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.....Max Rhodes

Licensed Embalmer No.....4071

P. O. Address.....Springfield

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.