S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30949

FILED OCT 6 1948

Registration District No. 1528

Primary Registration District No. 2000

Registrar's No. 812

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether
In this community: 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 37
(c) City or town: Springfield, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 2150 S. Hampton 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Joe Edward Stewart

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Erda Mae

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

7. Birth date of deceased: December (Month) 17 (Day) 1927 (Year)

8. AGE: Years 19 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Grocery Clerk

11. Industry or business: Grocery Store

MOTHER FATHER

12. Name: Jesse E. Stewart 9

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

14. Maiden name: Lucille Edmondson

15. Birthplace: unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Jesse E. Stewart
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: Gorman-Scharpi Funeral Home
(b) Address: Springfield, Missouri

19. (a) 9-15-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13, year 1947 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 11th, 1947, to Sept. 13th, 1947, that I last saw him alive on Sept. 13th, 1947, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Basal Fracture of Skull

Due to: Automobile Scooter Accident on Sept. 11, 1947 —

Due to:

Other conditions (Include pregnancy within 3 months of death): MO

Major findings: Of operations: 1 Dr

Of autopsy:

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): Accident — ✓
(b) Date of occurrence: Sept. 11, 1947. 53
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 60 — Scooter Automobile Accident
While at work? No (Specify type of place) (e) Means of injury: Collision — 0

23. Signature: Paul O. Upshaw, M.D. (M. D. or other)
Address: Medical Arts Bldg., Springfield, Mo. Date signed 9-10-47.

(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: L Dowlin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.