

FILED OCT 20 1947

Registration District No. 356

Primary Registration District No. 6207

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Austin, Texas  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 yrs  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas '07  
(c) City or town Rural  
(d) Street No. 1/2 Mi S. of Success MO  
(e) Citizen of foreign country? NO  
If yes, name country.

3. (a) PRINT FULL NAME Lucille 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 MARRIED

6. (b) Name of husband or wife W A Stewart  
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 27 1876

8. AGE: Years 71 Months 6 Days 4

9. Birthplace Houston MO

10. Usual occupation House wife

11. Industry or business S G Harrington

12. Name of father S G Harrington

13. Birthplace of father St Louis Co MO

14. Maiden name of mother Rebecca Short

15. Birthplace of mother St Louis Co MO

16. (a) Informant W A Stewart  
(b) Address Success MO

17. (a) Burial (b) Date thereof 9-3-47  
(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director Smith & Lyson  
(b) Address Licking MO

19. (a) Date received local registrar Sept 25-47 (b) Registrar's signature

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Sept day 9 year 1947 hour 9 minutes - A.M.

21. I hereby certify that I attended the deceased from May 1946 until Sept 1947 and that I last saw him alive on Dec 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary fibrillation  
Duration

Due to...  
Due to...

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 45 P  
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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury

23. Signature Date signed 9/2/47

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

MOTHER FATHER

7  
0  
0

RECEIVED

District \_\_\_\_\_ Embaler No. F,

District \_\_\_\_\_ 104752-3

Date Filed \_\_\_\_\_ 10-17-47

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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 E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.**