S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 18 1948

Registration District No. 2358

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5597

Primary Registration District No. 4355

Registrar's No. 267

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No
In this community: ~~Always~~ 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural. 2 mile W.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ARTHUR B. STEWART
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 30 (Day) 1877 (Year)
8. AGE: Years 70 Months 9 Days 3 If less than one day hr. min.
9. Birthplace: unk. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming Ret.
11. Industry or business:
FATHER 12. Name: John J. Stewart
13. Birthplace: unk. (City, town or county) unk. (State or foreign country)
MOTHER 14. Maiden name: Sarah M. Woodward
15. Birthplace: unk. (City, town or county) unk. (State or foreign country)
16. (a) Informant: Claude Bates
(b) Address: New Madrid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Hope
18. (a) Signature of funeral director: Richards & Bodeo
(b) Address: New Madrid Mo.
19. (a) 2-13-48 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1948 hour unk minute unk M.
21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...; that I last saw h... alive on ✓, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations: 0	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work: (e) Means of injury: Carcinoma
23. Signature: Leo Hill operator (Title or other)
Address: New Madrid, Mo. Date signed: 2/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-242
Date Filed 2-16-48

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 Leo Hueyspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.