

S. No. 300
M-10-47
v. 5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15281

FILED APR 28 1948
Registration District No. 072

Primary Registration District No. 6264

Registrar's No. 8

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

200

1. PLACE OF DEATH:

(a) County Webster County

(b) City or town Seymour Mo Rt 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Town 1
(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 Missouri (b) County Webster ¹¹²

(c) City or town Seymour Mo Rt 1 ³
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME Gervail Y STUART

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1948 hour _____ minute _____ 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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: May 16 1991
(Month) (Day) (Year)

Immediate cause of death gun shot wound in head
self inflicted

Due to despondency

Due to suicide

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

8. AGE: Years Months Days If less than one day

56 10 15 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles E. Stuart

13. Birthplace Ellisville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mc Fee

15. Birthplace Manchester Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 114

Of autopsy 1

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Thompson

(b) Address Springfield Mo Rt 3 Box 165

17. (a) Burial (b) Date thereof 4 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Springfield Mo

18. (a) Signature of funeral director Kelley, Ferrell, Bergman

(b) Address Seymour Mo

19. (a) April 14-48 (b) Gilbert Jones
(Data received local registrar) (Registrar's signature) 4112

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 3 - 1948

(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? On his farm, Seymour Rt 1
While at work? No (Specify type of place) (e) Means of injury _____

23. Signature K. K. Kelley coroner ³
Address Hardland mo (M. D. or other) _____
Date signed 4-11-48

RECEIVED

District Health Officer No. 6,

District File Number 448-540

Date Filed APR 26 1948

MAY 2 1948

1948

This Body was not embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.