

FILED SEP 13 1948/32  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **5476**

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

1. PLACE OF DEATH:

(a) County **Grundy**  
 (b) City or town **Rural Lincoln Township**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3: (a) PRINT FULL NAME **Frank Stewart**

3: (b) If veteran, name war \_\_\_\_\_ 3: (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6: (b) Name of husband or wife **Leota Stewart** 6: (c) Age of husband or wife if alive **76** years  
 7. Birth date of deceased **Aug 23 1864**  
 (Month) (Day) (Year)

8. AGE: Years **84** Months **0** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Mercer Co Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **George Stewart**  
 13. Birthplace **Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Harriet Vanerford**  
 15. Birthplace **Ohio**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Leota Stewart**  
 (b) Address **Spickard Mo.**  
 17. (a) **Burial** (b) Date thereof **Aug 29 1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Martin's Cem Grundy Co Mo.**

18. (a) Signature of funeral director **Schooler Funeral Home**  
 (b) Address **Spickard Mo.**  
 19. (a) **8/29/48** (b) **De ne Jay**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Grundy 40**  
 (c) City or town **Rural**  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27**  
 year **1948** hour **2** minute **45 P.**

21. I hereby certify that I attended the deceased from **Moich**  
 \_\_\_\_\_, 19**48**, to **August**, 19**48**  
 that I last saw him alive on **August 22**, 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 minute**  
 Due to **Arteriosclerotic Heart Disease with Congestive Failure**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

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? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Marion Lambert** (M.D. or other) **Mo**  
 Address **Lincolnton, Mo.** Date signed **8/27/48**

**DISTRICT HEALTH OFFICE**  
**Camden, N.J.**

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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 *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Richard 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.**