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FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27169

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 2028 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 914 W. Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 W. Chestnut St.			

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) HENRIETTA c. (Last) STEWART			4. DATE OF DEATH (Month) (Day) (Year) Sept 3 1949		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH October 5, 1869		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Roanoke, Virginia	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME M. A. Waldon		13b. MOTHER'S MAIDEN NAME Fannie Clingenpeal		14. NAME OF HUSBAND OR WIFE Albert E. Stewart	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A.C. VanHook, 914 W. Chestnut Carthage, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		DUE TO (b) Interstitial				5 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senility				4222	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Mar 3, 1946** to **Sept 3, 1949**, that I last saw the deceased alive on **Sept 2, 1949**, and that death occurred at **2:45p m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood (Degree or title) M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED Sept 7 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
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DATE REC'D BY LOCAL REG. 7/8/49		REGISTRAR'S SIGNATURE L.B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary		ADDRESS Carthage, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-12-49

Jasper County Health Office

County File Number 49-8-688

Date Filed 9-13-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Robert H. Kinell

Licensed Embalmer No.

4459

P. O. Address

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.