

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10984

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville 8721

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

d. STREET ADDRESS (If rural give location) i

3. NAME OF DECEASED  
a. (First) George b. (Middle) W c. (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year) 12 22 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 2-24-1879

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Portageville Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Percy Stewart

13b. MOTHER'S MAIDEN NAME Caroline Butler

14. NAME OF HUSBAND OR WIFE Etta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etta Stewart Portageville Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) Cerebral Apoplexy  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT  WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 22HX

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_

23b. ADDRESS \_\_\_\_\_

23c. DATE SIGNED 12/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12. 23. 50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Portageville Mo

DATE REC'D BY LOCAL REG. DEC 23 1950

REGISTRAR'S SIGNATURE J. Basater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 410 W. Main

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

JAN 15 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4051*

P. O. Address *St. Louis 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.