

U.S. No. 2
DOM-5-43
rev. 5-17-39
I X36671

FILED OCT 28 1947

Registration District No. **11**

Primary Registration District No. **4025**

Registrar's No. **100**

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

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Wheaton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Wheaton**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **W^m Franklin Stewart**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Amanda M. Stewart**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 18 1861**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6**
year **1947** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from **7/15** 1940, to **Oct-6-47** 1947
that I last saw him alive on **Oct-5-** 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
86	5	18	hr. min.

Immediate cause of death **Endocarditis**

Due to **chronic**

Due to _____

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

9. Birthplace **Austin Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy **no**

MOTHER FATHER

11. Industry or business _____

12. Name **W^m Riley Stewart**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Zebelin Starkey**

15. Birthplace **Mo. O**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs Juanita Warrington**

(b) Address **Wheaton Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Oct-12-1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Murray Chappell**

18. (a) Signature of funeral director **Wheaton Funeral Home**

(b) Address **Wheaton Mo.**

19. (a) **Oct 17 - 1947** (Date received local registrar)

(b) **Grace Williams** (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **O. S. McCall** (M. Deed or other)

Address **Wheaton Mo.** Date signed **10-2-47**

RECEIVED

District Health Officer No. 6,

District File Number 1047-1096

Date Filed OCT 23 1947

OCT 28 1947

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 G. E. Culver.

Licensed Embalmer No. 3584

P. O. Address Cassville 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.