

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22446
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
 (b) Township Jefferson Primary Registration District No. 3030
 (c) City Charleston (d) Street No. _____
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joseph Henry Stewart St. 363
W. Cleveland (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1858

7. AGE YEARS 79 MONTHS 5 DAYS 28 IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canaan, N.Y.

FATHER 13. NAME John C. Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heade County, N.Y.

MOTHER 15. MAIDEN NAME Martha Lavetta Elder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heade County, N.Y.

17. INFORMANT (ADDRESS) Thos. Huff Stewart
Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 22, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lutz Funeral Service
Charleston, Mo.

20. FILED 6-22- 1938 J. D. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1938

22. I HEREBY CERTIFY That I attended deceased from June 15 38 to June 21 38
 I last saw him alive on June 20 38 Death is said to have occurred on the date stated above, at 1:45 PM.
 The principal cause of death and related causes of importance were as follows:

Date of onset 6/13/38
Enterocolitis
 Other contributory causes of importance: Senility

Name of operation none Date of _____
 What test confirmed diagnosis? Cholera there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. Chas. Downing, M. D.
Charleston, Mo. (Address) _____

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,

Thomas E Bass

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Thomas E Bass

Licensed Embalmer No.

3977

P. O. Address

Charleston 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, above space should be left blank.