

REC'D MAR 15 1939

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

5828

Do not use this space.

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 53  
 (b) Township One Oak Primary Registration District No. 2083  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

36 Charles Franklin Stewart  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Frances Roger Stewart  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 11 1853  
**7. AGE** YEARS 85 MONTHS 8 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Retired  
**9. Industry or business in which work was done, as saw mill, bank, etc.** Farmer  
**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)** Carol Co Illinois  
**FATHER**  
**13. NAME** Wm Stewart  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Probably Illinois  
**MOTHER**  
**15. MAIDEN NAME** Sylvina Osborne  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Illinois  
**17. INFORMANT** Mrs LaVerne Silvers  
 (ADDRESS) Butler Mo  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Farwell DATE Feb. 7 1939  
**19. FUNERAL DIRECTOR (NAME)** Culver  
 (ADDRESS) Butler Mo.  
**20. FILED** Feb 23 1939 Clyde J. Allen M.D. (Address) Butler, Mo.  
R.S. Local Registrar. No. 512

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 5 1939

**22. I HEREBY CERTIFY** that I attended deceased from Jan 28 to Feb 5, 1939  
 I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
121

Date of onset

Other contributory causes of importance:

Chronic Myocarditis  
Prostatic Hypertrophy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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?**  
 If so, specify \_\_\_\_\_  
 (Signed) G. G. Luck Sr. M. D.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7  
District File Number 7-39-448  
Date Filed 2-13-39

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 *Henry G. Newell*

Licensed Embalmer No. *3111*

P. O. Address *Butler, Ohio*

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.