

REC'D AUG 22 1938

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

26647  
Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds 3 Registration District No. 954  
(b) Township Carroll Primary Registration District No. 5979a  
(c) City Bunker, Mo. (d) Street No. Bunker, Mo. 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. ds. 8 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

363 Glenn Howard Stewart  
(a) Residence, No. Springfield, Mo. 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 (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-4-1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 4 22  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
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) Springfield, Mo.

FATHER 13. NAME Glenn Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Kan.

MOTHER 15. MAIDEN NAME Mildred Blick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Glenn Stewart  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE 11/27

19. FUNERAL DIRECTOR (ADDRESS) Herman H. Rohmeyer  
Springfield, Mo.

20. FILED July 13 1938 William J. Beck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Nov. 26, 1938

I last saw him alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Paralysis of heart, probably from a septic sore throat.

Date of onset

Other contributory causes of importance: 1150

Name of operation Date of

What test confirmed diagnosis? Was 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) L. L. Henson, M. D.

(Address) Bunker, Mo.

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. 5,

District File Number 839108

Date Filed 8 14 39

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.)