

Dr. S. P. Mather
Registration District No. 547

Primary Registration District No. 6763

State File No. _____
Registrar's No. 66

1. PLACE OF DEATH: Mississippi Rural
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 22 yrs. (Specify whether years, months or days) 213

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss. (b) County Mo.
(c) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE EUGENE STEWART
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4th
year 1939 hour _____ minute _____ M.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Myrtle May Stewart 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov 2 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 4, 1939 to Sept 4, 1939
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 2 If less than one day hr. _____ min. _____

Immediate cause of death Gun's hole wound abdomen
Due to accident

9. Birthplace Union town Kentucky
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 184
Of operations _____
Of autopsy _____

10. Usual occupation Farming
11. Industry or business _____
12. Name John Stewart
13. Birthplace _____
(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? _____

14. Maiden name Myrtle Ellen Elder
15. Birthplace Union town, Ky.
(City, town or county) (State or foreign country)
16. (a) Informant's signature Geal R. Stewart
(b) Address East Town, Mo.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. Martin (M. D. or other) _____
Address East Prairie Date signed Oct 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Frank Kelly
(b) Address East Prairie, Mo.
19. (a) Oct 5 1939 (Date received local registrar) (b) M. D. in Hall (Registrar's signature)

MARGIN RESERVED FOR BINDING

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

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.

Rev. 5-17-39
1618181

RECEIVED

District Health Officer No. 2

District File Number

Date Filed

1039-278
10-13

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, ~~James Shelby~~ *James Shelby*

Registered Apprentice No. _____

working under my personal supervision.

Signed

James Shelby

Licensed Embalmer No.

27256

P. O. Address

East Orange

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33014
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 367
(b) Township St James Primary Registration District No. 3763 Registered No.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Geo Eugene 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 9 1939 Miss D. M. Hodge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h..... alive on....., 19..... 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:

Other contributory causes of importance:
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) S. B. Martin M. D.
(Address) East Prairie Mo.

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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