

1939 OCT 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33028
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 582
 (b) Township 1 Primary Registration District No. 4344
 (c) City Paris (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

363 Dr. Oscar Stuart
 (a) Residence, No. Paris, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Veterinarian
 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) Monroe Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME John A. Stuart

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

MOTHER 15. MAIDEN NAME Rebecca Hickman

16. BIRTHPLACE (CITY OR TOWN) Monroe Co., Mo. (STATE OR COUNTRY)

17. INFORMANT Judge Alec. Stuart (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Sept. 4, 1938

19. FUNERAL DIRECTOR (NAME) Chas. Arnold Jr. (ADDRESS) Mexico, Missouri

20. FILED 9-4 1939 J. A. Barnett, M.D. (By J. A. Barnett) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1939 to Sept 13, 1939, 1939. I last saw him alive on Sept 13, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset 9/13/39
826
 Other contributory causes of importance: arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) W. H. Regalado M. D.
J. A. Barnett (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1810

Date Filed OCT 11 1939

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,

Geo. Arnold

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Geo. Arnold*

Licensed Embalmer No. 3569

P. O. Address Mexico 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.