

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.

NOV 14 1939

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

36817
Do not use this space.

1. PLACE OF DEATH
 (a) County Fernand 2 Registration District No. 651
 (b) Township Caruthersville 1 Primary Registration District No. 4388 Registered No. 98
 (c) City Caruthersville (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jimmieanna Stewart
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.W. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 10

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

9. Industry or business in which work was done, as saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 9-8-39 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosciusko Miss.

13. NAME John Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosciusko Miss.

15. MAIDEN NAME Sarah Ann

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

17. INFORMANT A.C. Wilson
(ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosciusko Miss DATE Oct. 14, 1939

19. FUNERAL DIRECTOR Wm. T. Smith
(ADDRESS) Hayk Mo

20. FILED Oct. 12, 1939 Geda Martin 595
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1939

I HEREBY CERTIFY, that I attended deceased from Sept. 8th, 1939 to Oct. 11th, 1939
 I last saw her alive on Oct. 7th, 1939 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Incompetency Date of onset about 17 years ago

Other contributory causes of importance: g. d. h.

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 _____ (Specify) _____, M. D.
 (Address) Caruthersville Mo
108 West 2nd St

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/29/37

STATEMENT BY LICENSED EMBALMER

I, Luther M. Hill, Licensed Embalmer No. 2627

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed L. M. Hill

Licensed Embalmer No. 2627

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.)