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

FILED FEB 15 1940

2496
Do not use this space.

1. PLACE OF DEATH
(a) County Henry
(b) Township
(c) City Clinton
Registration District No. 347
Primary Registration District No. 3018
Registered No.
(d) Street No. Community Clinic Hospital 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 Robert Emory Stewart
(a) Residence, No. R.F.D. #4 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*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1939
7. AGE: Years No; Months 4; Days 27; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. None
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) Clinton, R.F.D.4 Missouri

FATHER
13. NAME Emory Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Missouri

MOTHER
15. MAIDEN NAME Reva Times
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, County Missouri

17. INFORMANT Emory Stewart
(ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE Jan. 22, 1940

19. FUNERAL DIRECTOR (NAME) Consalus and Peck
(ADDRESS) Clinton, Missouri

20. FILED 1-29 1940 Dr. J. R. Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1940, to 1-21, 1940
I last saw h. im alive on 1-21, 1940 Death is said to have occurred on the date stated above, at 8 00 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchial) — Date of onset 1-20-40

Other contributory causes of importance: None.

107 a

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? No
If so, specify
(Signed) Eugene D. Neville, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 2-40-300
Date Filed 2-14-40

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 M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Missouri

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.