DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 - 1940

State File No. 6734

Registration District No. 348 Primary Registration District No. 4206 Registrar's No. 11704

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Brownington (If outside city or town limits, write "RURAL" and name of township)

(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 ____ (Specify whether In this community ____ years, months or days) 2 1 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Brownington (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Henry Lee Stewart

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Stewart

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept (Month) 27 (Day) 1863 (Year)

8. AGE: Years 76 Months 4 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Henry Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

FATHER
12. Name Sam Stewart
13. Birthplace ____ (City, town, or county) Tennal (State or foreign country)

MOTHER
14. Maiden name Betty Bray
15. Birthplace ____ (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Sam Stewart

(b) Address Brownington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 (Month) 40 (Day) (Year)

(c) Place: burial or cremation Brownington Cem

18. (a) Signature of funeral director Fred W. Kiesau

(b) Address Quiton Mo

19. (a) 2-26-1940 (Date received local registrar) (b) C. D. Taylor M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 14, 1940 to Feb. 25, 1940 that I last saw him alive on Feb. 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C. D. Taylor (M. D. or other)

Address Brownington Mo. Date signed 2-26-40

313

(Licensed Embalmer's Statement on Reverse Side)

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 1 X19511

RECEIVED
District Health Officer No. 7
District File Number 2-40-316
Date Filed 2-29-40

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.