

FILED APR 1 1940
FILED ADD 1 1940

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

10055
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence *Berry* Registration District No. 47-1-30
 (b) Township..... Primary Registration District No. 5634 Registered No. 5
 (c) City Monett, (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 Malinda Susan Stuart
 (a) Residence, No. E. Sycamore 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Stuart</u> <i>1867</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1940</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Green Co., Indiana</u>				
FATHER	13. NAME <u>Stephen Arthur</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u> 9			
MOTHER	15. MAIDEN NAME <u>Matilda Weaver</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs. J. N. Offutt,</u> (ADDRESS) <u>Monett, Mo.</u>				
18. BURIAL PLACE <u>Waldensian</u> DATE <u>Jan. 26, 1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>Callaway's,</u> (ADDRESS) <u>Monett, Mo.</u>				
20. FILED <u>Jan 29 1940</u> <i>E. J. Wright</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 24, 1940</u> . 19	
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 20 - 1940</u> to <u>Jan. 24</u> , 1940 I last saw <u>her</u> alive on <u>Jan. 24</u> , 1940. Death is said to have occurred on the date stated above, at <u>11:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Influenza</u> <u>11 P.M.</u>	
Other contributory causes of importance: <u>Arteriosclerosis</u>	
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? <u>No</u> If so, specify..... (Signed) <u>E. J. Wright</u> , M. D. (Address) <u>Monett, Mo.</u>	

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.

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RECEIVED

District Health Officer No. 6,

District File Number 340-898

Date Filed MAR 25 1940

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

J. B. Buchanan

Registered Apprentice No.

working under my personal supervision.

Signed

J. B. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett 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.