

FILED APR 12 1940

S. No. 2
 1-11-10-39
 v. 5-17-39
 I X21492

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **10557**

Registration District No. **135**

Primary Registration District No. **3010**

Registrar's No. **40**

17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2nd North Virginia St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 7 Days
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME ROSEMARY STUART 363

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** divorced _____

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased March 19 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Carrollton Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Clifford Stuart

13. Birthplace Richmond Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Isene Duane

15. Birthplace Moberly Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Clifford Stuart
 (b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 3-27-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo. burial

18. (a) Signature of funeral director Walter Marshall

(b) Address Carrollton Mo.

19. (a) 3-27-40 (b) Walter Marshall
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Carroll
 (c) City or town Carrollton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 304 N. Virginia St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1940 hour 12:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Mar. 20
1940, to Mar. 24, 1940
 that I last saw her alive on Mar. 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Premature birth

Due to _____
inability to nurse
 Due to aband. nursing

Other conditions (include pregnancy within 3 months of death) 154

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

23. Signature P. Hamilton Stearns (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature P. Hamilton Stearns M. D. or other _____
 Address Carrollton, Mo. Date signed Mar 26

Duration 6
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.