

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

**FILED SEP 16 1940**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Jasper**

(a) County \_\_\_\_\_

(b) City or town **Joplin**

(c) Name of hospital or institution: **2431 Willard** **2**  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10** **Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin Missouri;**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2431 Willard;**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Ruth Charlotte Stewart**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** **3** day **1940**  
year \_\_\_\_\_ hour **9-50 P.M.** minute \_\_\_\_\_ M.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Ira M. Stewart**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Dec. 27, 1896**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 10**, 19**40**, to **Aug 3**, 19**40**  
that I last saw him alive on **Aug 31**, 19**40**  
and that death occurred on the date and hour stated above.

8. AGE: Years **43** Months **6** Days **7** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Pulmonary Tuberculosis**

Due to \_\_\_\_\_

Due to **27**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace **Kansas City Missouri.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Merritt Benson** **0**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary**

15. Birthplace **No record** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Family**

(b) Address **Joplin Mo; 2431 Willard Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 6, 1940**  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**

(b) Address **Joplin Missouri**

19. (a) **8-6-40** (b) **Ed O James**  
(Date received local registrar) (Registrar's signature)

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? **372**  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Hurlbut** (M. D. or other) **1**

Address **Joplin Mo** Date signed **8-6-40**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

40-9-359

**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

*Steve D. Parker*

Licensed Embalmer No.

*2548*

P. O. Address

*York Pa*

**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, fact should be so stated above.**