

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 E. Third St
 (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

3. (a) PRINT FULL NAME Roberta Sue Stewart
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 5 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business _____
 12. Name X X
 13. Birthplace _____ X
 14. Maiden name Aileen Ruth Stewart
 15. Birthplace Carrollton Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Aileen Stewart
 (b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 2-20-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Lutheran Church

18. (a) Signature of funeral director J. S. Sandley
 (b) Address Carrollton Mo

19. (a) 2007-41 (b) P. H. Hacking
 (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. E. Third St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
 year 1941 hour 10 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Feb 17
 1941 to Feb 18 1941
 that I last saw her alive on Feb 18 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death 2 pneumonia
 Due to Hayfever
later
pneumonia
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 324
 Of autopsy _____

Duration 3 d
 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? _____
 130 _____ (Specify type of place) _____
 While or upon? (a) Means of transport _____
 23. Signature P. Hamilton _____
 Address Carrollton Mo Date Feb 19 1941

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

RECEIVED
District Health Officer No. 8,
District File Number. 3-5-41
Date Filed

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

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.