No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21713

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 508

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital ( ) (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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Humansville 0 (If outside city or town limits, write "RURAL")

(d) Street No. Route 3 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME James Raymond Stewart

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male ( )

5. Color or race White

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

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

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

7. Birth date of deceased August 17, 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Unknown / Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On Farm

FATHER
12. Name Alec Stewart
13. Birthplace Unknown 9 Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tommy Hunter
15. Birthplace Unknown 9 Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie ~~Steart~~ Stewart

(b) Address Humansville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri 0414

19. (a) 6-24-41 (Date received local registrar) (b) W. E. Handley M D (Registrar's signature) KJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1941 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from June 17, 1941, to June 22, 1941; that I last saw him alive on June 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	3wk
Due to Infection on l. index finger	
Due to fish hook injury	3wk
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 133 (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 Guy D Callaway (M. D. or other) MD

Address Springfield Mo Date signed 6/23/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1941

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.