

0. 2
4-41
7-39
X26390

FILED JUL 11 1946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Jesse Stewart 22580

State File No.

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 103

1. PLACE OF DEATH:

(a) County St. Francois County

(b) City or town St. Francois

(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 4 yrs., 3 mo., 2 days
(Specify whether years, months or days)

3. (a) PRINT JESSE STEWART
FULL NAME

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. None given

4. Sex Male Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Feb. 8 1882
(Month) (Day) (Year)

8. AGE: Years Months Days if less than one day

59 4 19 ..hr.min.

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name John J. Stewart

13. Birthplace Wayne County New York
(City, town, or county) (State or foreign country)

14. Maiden name Sabra M. Woodward

15. Birthplace Sanbornton New Hampshire
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof June 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid, Missouri

18. (a) Signature of funeral director Richard W. ...

(b) Address New Madrid, Mo.

19. (a) June 28-44 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(If outside city or town limits, write "RURAL.")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1941 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from March 25 1937 to June 27th 1941;
that I last saw h. im. alive on June 27th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis of central nervous system with psychosis Duration 4 yrs.

Due to Chronic myocarditis (syphilis).

Due to Generalized arteriosclerosis
Chronic nephritis.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO

Of autopsy NO

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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO
(Specify type of place) (By) Means of injury

23. Signature G. Tivis Graves, Jr., M.D. (M.D. or other) M.D.

Address Farmington, Missouri Date signed 6/30/41

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

JUL 12 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 Leo Hedgcock

Licensed Embalmer No. 3809

P. O. Address New Mexico

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.