

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23014**

Registration District No. **892**

Primary Registration District No. **693 454/**

Registrar's No. **5-**

1100
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Williamsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Williamsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances Stewart

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

4. Sex Female / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert L. Stewart (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 16, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 3 hr. min.

9. Birthplace Iron County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name Jake Sutton

13. Birthplace Iron County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Pinkley

15. Birthplace Iron County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Stewart
(b) Address Williamsville, Missouri

17. (a) Burial (b) Date thereof June 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Williamsville

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Missouri

19. (a) June 20, 41 (b) Mrs. Hattie McPherson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne / / /
(c) City or town Williamsville /
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10
1937 to June 19, 1941;
that I last saw her alive on June 1-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 weeks

Due to Hypertension 4 yrs

Due to Arteriosclerosis 4 yrs

Other conditions (Include pregnancy within 3 months of death) 4 2 11

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? _____

8/6 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Truibert (M. D. or other) D
Address Poplar Bluff, Mo Date signed 6/19/41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

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.