

FILLED OCT 20 1941  
Registration District No. 200

Primary Registration District No. 555313

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Jackson Co.  
(b) City or town Little Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: County Emery Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 months  
(Specify whether  
In this community John H. Stewart  
years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Shelby  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR # 1  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

JOHN H. STEWART

3. (b) If veteran, name war Spain - Am War

3. (c) Social Security no. Co. F 3rd Mo Reg - 5th - Am

4. Sex M. 5. Color or race Wh

6. (a) Single W married 3 divorced 3

6. (b) Name of husband or wife Remarried

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

7. Birth date of deceased aug - 10 1899  
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm hand

12. Name John H. Stewart

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

14. Maiden name Eveline Henderson

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Williams

(b) Address Arthurton Mo

17. (a) Burial (b) Date thereof 9/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Five mile Cem

18. (a) Signature of funeral director V. M. Roberts

(b) Address Buckner Mo

19. (a) 9/20/41 (b) John H. Stewart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10  
year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 19 to Sept 20 1941; that I last saw John H. Stewart alive on Sept 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to nutritional causes

Due to Alcoholism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations III B

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Russell W. Jones (M. D. or other) J. D.  
Address Clinton Date signed 9/10/41

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

**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 \_\_\_\_\_

*J. M. Reppert*

Licensed Embalmer No. *2321*

P. O. Address *Buckner Mo*

**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.**