

Registration District No. 312

Primary Registration District No. 4188

Registrar's No.

1. PLACE OF DEATH:
(a) County Greene
(b) City or town King City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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 mo (b) County DeKalb
(c) City or town King City R. 7. S. 20
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY STEWART
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 4
6. (b) Name of husband or wife Jde 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 2 9 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Wm H Stewart

13. Birthplace _____ (City, town, or county) mo 0 (State or foreign country)

14. Maiden name not known

15. Birthplace _____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Jde Stewart

(b) Address King City

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

(c) Place: burial or cremation High Prairie

18. (a) Signature of funeral director R. S. Taggart

(b) Address King City

19. (a) 9-8-41 (b) Small D. Hantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1941 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 15 1941 to Sept 6 1941
that I last saw him alive on Sept 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor Duration 1 yr

Due to _____

Due to _____

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

Major findings: _____
Of operations 572

Of autopsy no

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 W. M. Reynolds (M. D. or other) 0
Address Union Star Mo Date signed 9-8-41

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

8
20

MOTHER FATHER

287 (Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.