S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5131

State File No. 1831

Registrar's No. 491

1200

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

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town RURAL — Hendrickson 0
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Mi. N.W. POPLAR BLUFF MO 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES LEON STEWART
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased NOV (Month) 29 (Day) 1941 (Year)

8. AGE: Years — Months — Days 7 If less than one day hr. min.

9. Birthplace BUTLER CO (City, town, or county) MO (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name WILLIS STEWART
13. Birthplace SALEM (City, town, or county) ARK (State or foreign country)
MOTHER
14. Maiden name RUTHA UMFLEET
15. Birthplace PISK BUTLER CO (City, town, or county) MO (State or foreign country)
16. (a) Informant Willie Stewart
(b) Address Hendrickson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cem
18. (a) Signature of funeral director W. Phelps
(b) Address Poplar Bluff Mo.
19. (a) 1-1-42 (Date received local registrar) (b) Billie Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1941 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia — 4 days
~~Due to~~ (No doctor in attendance, midwife in attendance at birth
~~Due to~~ advises baby was frail at birth)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 108
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? (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 Billie Kinne (M. D. or other) Registrar
Address Poplar Bluff Mo. Date signed 12/31/41

(Licensed Embalmer's Statement on Reverse Side)

7 Bigg. 2

RECEIVED
District Health Office No. 2,
District File Number 142-136
Date Filed 1-27-42

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.