

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942
126

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3277

Registration District No. 126

Primary Registration District No. 443.2-5 158

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 3
(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

3. (a) PRINT FULLNAME Phillip Abraham 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 Widowed

6. (b) Name of husband or wife Martha Rhodes 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased May 11, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Stewart
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Glascok
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Stewart
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 1/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director James J. Smith

(b) Address 902 Broadway Hannibal

19. (a) 1-30-42 (b) R. B. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1942 hour 5 minute 09 A. M.

21. I hereby certify that I attended the deceased from Jan 11-41
to Jan 19 1942
that I last saw him alive on Jan 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration several years

Due to

Due to

Other conditions nephritis Chronic
(Include pregnancy within months of death)

Major findings: Of operations 131a
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?

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

23. Signature R. B. King (M. D. or other)
Address Hannibal 2nd Date signed 1-20-42

RECEIVED

District Health Officer No. 10

District File Number 2-43-237

Date Filed FEB 12 1942

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

James G. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.