

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12256
Do not use this space.

FILED APR 17 1942

1. PLACE OF DEATH

(a) County Thayer Registration District No. 868
 (b) Township Shenell Primary Registration District No. 6149 Registered No. 9
 (c) City Licking Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Donald Stewart
 (a) Residence, No. _____ St. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name of) Cordelia Stewart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1881
 7. AGE YEARS 60 MONTHS 11 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Insurance
 10. Date deceased last worked at this occupation (month and year) April 1942 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO

13. NAME Donald Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Kathrine Cameron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Nadine Stewart

(ADDRESS) Licking MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Licking DATE 4-10-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson
Licking Mo

20. FILED April 17 1942 J. Maggie Wilson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-42

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1942, to Apr 8, 1942.
 I last saw him alive on Apr 8, 1942. Death is said to have occurred on the date stated above, at 2:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset 4-5-42

Other contributory causes of importance: Broncho pneumonia

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Lula Kanel, M. D.
 (Address) Licking Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 16 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

Erbert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Le King 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, above space should be left blank.