

FILED MAY 6 1942
Registration District No. 1

Primary Registration District No. 5588

Registrar's No. 54

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg, Rural, Warrensburg
(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 29 years
(Specify whether years, months or days)
 In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Johnson
 (c) City or town Rural, Warrensburg
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME James Manford Stewart
 (b) If veteran, name war none
 (c) Social Security No. 490-16-8861

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April, Day 28, 1942
 year 11 hour 11 minute 0 M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Opal Stewart
 (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased Sep. 28, 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw him alive on, 19, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>7</u>	<u>0</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage

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

Due to

Due to

Other conditions 830
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: no
 Of operations

Of autopsy No autopsy

11. Industry or business

MOTHER FATHER {
 12. Name George Stewart
 13. Birthplace Macon Co, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Hannah Newland
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No external
 (b) Date of occurrence

16. (a) Informant Clara Stewart
 (b) Address Warrensburg, Missouri
 17. (a) Burial (b) Date thereof Apr. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director Sweeney-Phillips
 (b) Address Warrensburg, Mo.
 19. (a) April 29, 1942 (b) Seola M. Williams
(Date received local registrar) (Registrar's signature)

(c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director Sweeney-Phillips
 (b) Address Warrensburg, Mo.
 19. (a) April 29, 1942 (b) Seola M. Williams
(Date received local registrar) (Registrar's signature)

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

51
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0

W

1001

MAY 26 194

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-5-42

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.....

Earl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. 3878

P. O. Address *Warrensburg, 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.