V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 326

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3030

14974

State File No.

Registrar's No. 29

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 301 JOHNSON ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 68 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON (If outside city or town limits, write "RURAL")

(d) Street No. 301 JOHNSON ST (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO

3. (a) PRINT FULL NAME MATTIE STEWART

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife B. F. STEWART

6. (c) Age of husband or wife if alive DEC'D years

7. Birth date of deceased DECEMBER (Month) 26, (Day) 1853 (Year)

8. AGE: Years 88 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace LOVELACEVILLE, (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEKEEPER (RETIRED)

FATHER
12. Name JOSEPH THARP
13. Birthplace CHRISTIAN COUNTY, (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name SARAH WALKER
15. Birthplace BALLARD COUNTY (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS CARY BAKER

(b) Address CHARLESTON, MO 301 JOHNSON ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelle Jr

(b) Address CHARLESTON, MO

19. (a) 3-27-42 (Date received local registrar) (b) F. D. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26TH year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from JAN. 1, 1942, 19..., to MARCH 26, 1942 that I last saw her alive on MARCH 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Due to SENILITY

Due to ✓

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration: Don't know

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

93d

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 C. C. Arnell (M. D. ~~or other~~)

Address Charleston, Mo. Date signed Mar 26, 1942

745

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-491
Date Filed 4-13-42

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 John F. Nunnelee, Jr.
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.