

S. No. 2  
A-1-447  
7-5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1835

State File No. \_\_\_\_\_

JUN 4 1942  
Registration District No. 469 470

Primary Registration District No. 5233

Registrar's No. 91-91-

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt Vernon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State San #0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19.6 days  
(Specify whether  
In this community 19.6 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis Co  
(c) City or town Moberly Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 740 S Floral  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IRVING STEWART

3. (b) If veteran, name war no 3. (c) Social Security No. 497-05-5590

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Russa Wendelin Stewart 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased June 7 1909  
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 3 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Livingston Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James King Stewart  
13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Arie Magnolia Stolder  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Beard Chap

(b) Address Missouri State San Mt Vernon Mo

17. (a) Removal (b) Date thereof 5-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery Moberly General Home

18. (a) Signature of funeral director \_\_\_\_\_ (Specify type of place) while at work? (c) Means of injury \_\_\_\_\_  
(b) Address Hebler Bros Mo

19. (a) 5/10-42 (b) Audley Crawford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10<sup>th</sup>  
year 1942 hour 2:10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 27 1941 to May 10 1942  
that I last saw him alive on May 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration abt one yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 12/1

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Charles A. Brasher M.D.  
Address Mt. Vernon Date signed May 10 42

JUN 4 1942

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**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 Guy N. Hickerson  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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.**