

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Keokuk  
(c) Name of hospital or institution: Erin Smith  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Keokuk  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1616 North Dow St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA STEWART

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife O.E. Stewart 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Mar 25 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Macos Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeping

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

12. Name Geo F Harris

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Miss Geo Benson  
(City, town, or county) (State or foreign country)

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant O.E. Stewart

(b) Address 1616 N. Dow St

17. (a) Burial (b) Date thereof 7/8. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Sumner Powell

(b) Address Keokuk

19. (a) 7/8/42 (b) Mr. J. W. Waynes  
(Date received, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th  
year 1942 hour 9 minute 22 P. M.

21. I hereby certify that I attended the deceased from June 20th 1942 to July 6th 1942  
that I last saw h. or alive on July 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac infarct + MI Duration 3 weeks

Due to stroke heart with a pair of  
Langmy + infection 4 weeks

Due to disaster 1 week

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1952

Of autopsy 99

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 1-25

(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 0

Signature George E. Grim (M. D. or other) MD

Address Keokuk Mo Date signed 7-8-42

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

103

104

RECEIVED

District Health Officer No. 10

District File Number 7-42-1467

Date Filed JUL 21 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tricksville

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.