

S. No. 2
M-1-4-41
rv. 5-17-39
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31166

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Filed OCT 13 1942

Registration District No. 748

Primary Registration District No. 6029

Registrar's No. _____

96
00

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural Logan
(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 _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

(c) City or town Rural Logan Township
(If outside city or town limits, write "RURAL")
(If rural, give location)

(d) Street No. _____

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marietta Stewart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1942 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-28
1942 to 8-6 1942

4. Sex W / 5. Color or race W

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

6. (b) Name of husband or wife W.C. Stewart

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 11 1871
(Month) (Day) (Year)

that I last saw her alive on 5-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
regeneration

8. AGE: Years Months Days If less than one day

71 2 17 hr. _____ min.

Due to _____

Due to _____

Other conditions 92b
(Include pregnancy within 3 months of death)

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER {

12. Name David Morton

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

14. Maiden name Sarah Cook

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Cecil Stogsdill

(b) Address Ellington Mo.

17. (a) Burial (b) Date thereof 8-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Pumpkin Hollow

18. (a) Signature of funeral director Leuckel Funeral Serv Co

(b) Address Van Buren Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. F. Bessy (M. D. or other) _____

Address Ellington, MO Date signed 9-1-42

19. (a) Sept 3 (b) Basie P. ...
(Date received local registrar) (Registrar's signature)

1136

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 1042931

Date Filed 10-8-42

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 8-28-42

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip J. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 200

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.