

**FILED NOV 13 1942**

5370

Registration District No. .... Primary Registration District No. ....

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

1. PLACE OF DEATH:  
 (a) County Daviess  
 (b) City or town Rural Union Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 Miles North Gallatin, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Daviess  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 Miles North Gallatin  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME John William Stewart

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Jannie Jackson  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased December 13 1850  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>9</u>	<u>21</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....  
 12. Name John William Stewart  
 13. Birthplace Unknown Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Weldon  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wilda Stevens  
 (b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 10 -5 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt.

(b) Address Gallatin, Mo.

19. (a) 10-5-1942 (b) H. O. Richeson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4  
 year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 2  
1942 to Oct 2 1942  
 that I last saw him alive on Oct 2 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis  
Anterior (Cerebral) Chronic Myelitis

Due to.....  
 Due to.....

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy.....

Duration 6 mos  
 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?

20. While at work? (Specify type of place) (e) Means of injury.....

23. Signature M. B. Baile (Seal or other)  
 Address Gallatin, Mo. Date signed 10-5-42

**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.....

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

Signed.....

*L. A. Richardson*

Licensed Embalmer No.....

*3307*

P. O. Address.....

*Dallatin 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.**