

FILED NOV 4 1942

Registration District No. 163

Primary Registration District No. 4253

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
no St # in Childwold  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 77 years

3. (a) PRINT FULL NAME Dorothy S. 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 widowed

6. (b) Name of husband W Stewart

6. (c) Age of husband or wife if alive, years 23 (Day) (Year) 1866

7. Birth date of deceased: 7 (Month) 23 (Day) 1866 (Year)

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

77 2 14 hr. min.

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Phoe Ashton

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

14. Maiden name Elizabeth Callier

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

16. (a) Informant Alma Shultz

(b) Address Childwold Mo

17. (a) Burial (b) Date thereof 10-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Copister Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 10-8-42 (b) Mrs. D. J. Cook, Deputy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No.....  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1942 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 22  
1942 to Oct 6 1942  
that I last saw her alive on Oct 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Duration 1 year

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) H6

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

23. Signature E. N. Robinson (M. D. or other) D.O.  
Address Childwold, Mo. Date signed Oct 8, 42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-24-2

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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 Fred Weikinson  
Licensed Embalmer No. 2978  
P. O. Address Clinton 7

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.