

36657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 4 1942

Registration District No. 23

Primary Registration District No. 4044

Registrar's No. 14

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town STURGEON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALL OF LIFE
years, months or days8. (a) PRINT FULL NAME EMMETT SENTINY STEWART8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife EVA STEWART 6. (c) Age of husband or wife if alive 26 years7. Birth date of deceased APRIL 9 - 1869
(Month) (Day) (Year)8. AGE: Years 73 Months 7 Days 15 If less than one day _____ hr. _____ min.9. Birthplace BOONE Co. Mo. ()
(City, town, or county) (State or foreign country)10. Usual occupation POST MASTER

11. Industry or business _____

12. Name THADEUS STEWART13. Birthplace Mo. ()
(City, town, or county) (State or foreign country)14. Maiden name MARY SUSAN TALKER15. Birthplace Mo. ()
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eva Stewart(b) Address STURGEON, Mo.17. (a) BURIAL (b) Date thereof Nov. 25 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MT. PISCAT18. (a) Signature of funeral director APR 20(b) Address Sturgeon, Mo.19. (a) Nov. 24 - 42 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10(c) City or town STURGEON 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23
year 1942 hour 4 minute 15 A. M.21. I hereby certify that I attended the deceased from NOV
20, 1942, to NOV 23, 1942that I last saw him alive on NOV 22, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Hemiplegia Duration 3 daysDue to Rupture middle meningeal artery R. sideDue to Acetonuria (No sugar - no albumen in urine)Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy 138

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) Means of injury _____

23. Signature Chas. M. Thomas (M. D. or other)Address Sturgeon, Mo. Date signed 11-24-42

(Licensed Embalmer's Statement on Reverse Side)

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

FORMS—PIT-33
Rev. 5-17-39
1 x 10811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 29 1947

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.....

R. P. Booth

Licensed Embalmer No.....

4087

P. O. Address.....

Sturgeon, 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, above space should be left blank.