

Registration District No. FILED JAN 15 1943

Primary Registration District No. 4018

Registrar's No.

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rush Hill
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Rush Hill 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry T. Stuart
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 8
year 1942 hour 8: minute 30 M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable Stuart 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 18, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 9 20 hr. min.

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

9. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer

11. Industry or business.....
12. Name James Stuart
13. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Laura Kemp
15. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wilbur Stuart
(b) Address Rush Hill, Mo.
17. (a) Burial (b) Date thereof Dec. 10, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ladonia, Mo.
18. (a) Signature of funeral director Earl T. Pugh
(b) Address Mexico, Mo.
19. (a) Dec 11th 1942 (b) Mary C Jacob
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 12/8/42
(c) Where did injury occur? Rush Hill Audrain Mo.
(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 Ed Shann (M. D. or other)
Address Adm. Coroner Date signed 12/9/42

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

MOTHER FATHER

1897

JAN 19 1943

RECEIVED

District Health Officer No. 10

District File Number 1-43-127

Date Filed Jan. 13 - 1943

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40128
Registrar's No. 4018

Registration District No. 7 Primary Registration District No. 4018

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Rush Hill
(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 Andrain
(c) City or town Rush Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1942 hour _____ minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. (Immediate cause of death) _____

Duration

Due to lung
Due to _____

Other conditions (include pregnancy within 3 months of death) 166

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) suicide
(b) Date of occurrence Dec 8th 1942
(c) Where did injury occur? Rush Hill Andrain Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Injury occurred in home self inflicted
(Specify type of place) (e) Means of injury gun shot wound

23. Signature E. A. Harmon acting coroner (M. D. or other)
Address Mexico Mo Date signed 12/9/42

3. (a) PRINT FULL NAME Henry T. Stuart
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 18 - 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Stuart
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Laura Kemp
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

