

Registration District No. **1-1317**

Primary Registration District No. **4215**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County **Henry**

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

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**

(c) City or town **Brownington Mo**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Andrew Johnson Stewart**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10th** year **1943** hour **3 AM** minute **M.**

21. I hereby certify that I attended the deceased from **11** **12 - 1942** to **12 - 14** 19**42**.
that I last saw **him** alive on **12 - 14 - 42**, and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bertha** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Jan 27 1866**
(Month) (Day) (Year)

Immediate cause of death **Shoulder heart disease**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

92d

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

76 11 11 hr. min.

9. Birthplace **Henry Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

Major findings: Of operations.....

Of autopsy.....

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

MOTHER {

12. Name **Thomas Stewart**

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

14. Maiden name **Sarah Ann Woodard**

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

16. (a) Informant **Bertha Stewart**

(b) Address **Brownington Mo**

17. (a) **Burial** (b) Date thereof **Jan 12 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **J A Ruplett**

(b) Address **Brownington Mo**

19. (a) **Jan 11, 1943** (b) **Georgia Kitchen**
(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).....

(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 **Joseph M. [unclear]** (M. D. or other) **780**

Address **Clinton Mo** Date signed **1-10-43**

RECEIVED

District Health Officer No. 7;

District File Number 1-43-118

Date Filed 2-8-43

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. me
working under my personal supervision.

Signed W Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.