

X32873

FILED FEB 15 1943

Registration District No. 15 29

Primary Registration District No. 15 29

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Nickery  
(b) City or town Wheatland Rural  
(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 40 years  
In this community 40 years  
years, months or days

3. (a) PRINT FULL NAME Joseph Wm Stewart

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race white 6. (a) Single, married, divorced 1 married

(b) Name of husband or wife Henrietta Stewart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 7, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 1 13 hr. min

9. Birthplace Green Castle Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & school teacher

11. Industry or business \_\_\_\_\_

12. Name Thos Wm Stewart

13. Birthplace Ind 7  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Ann Wille

15. Birthplace Ind 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Stewart

(b) Address Cross Timbers, Mo

17. (a) burial (b) Date thereof 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Cemetery

18. (a) Signature of funeral director P. L. Lusk

(b) Address Wheatland, Mo

19. (a) Jan 23 43 (b) Mary F. Carlstrom  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nickery 43  
(c) City or town Wheatland - Rural 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. P.O. Cross Timbers, Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1943 hour 2 minute 30 M. a

21. I hereby certify that I attended the deceased from Jan 17 1943 to Jan 19 1943

that I last saw him alive on 1. 15 AM Jan 17, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral & circulatory failure

Due to Bronchial pneumonia 3 days

Due to Pneumonia

Other conditions Septicemia

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 107

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 P. L. Lusk (M. D. or other) \_\_\_\_\_

Address Hermitage, Mo Date signed Jan 21 43

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

13  
00

1094

JUN 22 1944

RECEIVED  
District Health Office No. 7,  
District File Number 1-42-102  
Date Filed 2-5-43

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.....  
working under my personal supervision.

Signed J. R. Lucke  
Licensed Embalmer No. 18982  
P. O. Address Wheatland, 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.