No. 2
-1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7072

State File No. .....

FILED FEB 1 1943

Registration District No. 2335 ..... Primary Registration District No. 5817 ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: Mill Creek Inn.
(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)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town ✓
(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 ✓

3. (a) PRINT FULL NAME WILLIAM FRANKLIN STEWART

3. (b) If veteran, name war ✓

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 16 (Day) - 1873 (Year)

8. AGE: Years 67 Months 6 Days 31 If less than one day ..... hr. ..... min.

9. Birthplace Pleasant Green (City, town, or county) Mo. (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business .....

FATHER
12. Name Chas. E. Stewart
13. Birthplace Jamestown (City, town, or county) W. Va. (State or foreign country)

MOTHER
14. Maiden name Cynthia Lucas
15. Birthplace Kentucky (City, town, or country) (State or foreign country)

16. (a) Informant C. B. Stewart

(b) Address .....

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation OTTERVILLE - Mo

18. (a) Signature of funeral director L. F. PARKER

(b) Address OTTERVILLE - Mo

19. (a) 1-10-43 (Date received local registrar) (b) Opal Baumgarg (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7 year 1943 hour 2 minute ..... A.M.

21. I hereby certify that I attended the deceased from Jan 6 1943 to Jan 7 1943 that I last saw him alive on Jan 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	12 hrs
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. H. Fogle (M. D. or other) MD

Address Otterville Mo Date signed .....

1065

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-43-1
Date Filed 1-26-43

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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.

No. 2B
21-41
9288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7072

Registration District No. ..... Primary Registration District No. 5817 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Rural
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cooper
(c) City or town: Otterville Mo
(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 .....

3. (a) PRINT FULL NAME: William F Stewart
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: S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)
8. AGE: Years 67 Months 6 Days ..... If less than one day: hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant .....
(b) Address: Sedalia, Missouri
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 7 year 1942 hour ..... minute ..... M.
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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY