

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

FILED MAR 8 1943
Registration District No. 2943

Primary Registration District No. 6005-4436

1. PLACE OF DEATH:
(a) County: Palls
(b) City or town: New London
(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 _____ years, months or days

3. (a) PRINT FULL NAME: Hannah Steward
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: 3 Negro 6. (a) Single, widowed, married, divorced: 2 widowed
6. (b) Name of husband or wife: Chas Steward 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 7 18 61
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 22 hr. min.

9. Birthplace: Palls Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: _____

12. Name: Chas Mason

13. Birthplace: Palls Mo
(City, town, or county) (State or foreign country)

14. Maiden name: _____

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

16. (a) Informant: Ms. Nora Kelly

(b) Address: _____

17. (a) _____ (b) Date thereof: 2 13 43
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation: New London

18. (a) Signature of funeral director: Isaac E Roberts

(b) Address: Hannibal

19. (a) 2-20-43 (b) R. B. Besting
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Palls
(c) City or town: New London
(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 2 day 10
year 1943 hour 7 minute 30 PM

21. I hereby certify that I attended the deceased from Feb 4
1943 to Feb 10 1943
that I last saw her alive on Feb 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis (Acute)
Due to: FLU (Acute)

Due to: Pneumonia (Acute)
Other conditions: None known
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

Duration
3 days
1 week
2 weeks
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: C. H. Brooks (M. D. or other) Do.
Address: Center, Mo. Date signed: 2/13/43

RECEIVED

District Health Officer No. 10

District File Number 3-43-426

Date Filed MAR 4 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Geo. E. Robert

Licensed Embalmer No. 2113

P. O. Address

Hannibal

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.