

ED APR 28 1943 128
Registration District No. 313

Primary Registration District No. 2000

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

39
2
6

1. PLACE OF DEATH: GREENE

(a) County: _____

(b) City or town: Springfield, ~~Missouri~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maple Lawn Rest Home - 12017th Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Three Days
(Specify whether years, months or days)

In this community: Two Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State: Missouri (b) County: Greene 2

(c) City or town: Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 940 College St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Charles F. Stewart

3. (b) If veteran, name war: Unknown 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None 6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: October 10, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>0</u>	____ hr ____ min

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

10. Usual occupation: Retired Coal Miner

11. Industry or business: _____

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown Unknown

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

16. (a) Informant: Mrs. Artie Shields

(b) Address: 940 College Street

17. (a) Burial (b) Date thereof: April 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood Cemetery

18. (a) Signature of funeral director: F. C. Thieme

(b) Address: 1100 Boonville Street

19. (a) 4-12-43 (b) F. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 10th
year: 1943 hour: One minute: 30 P.M.

21. I hereby certify that I attended the deceased from _____
Unattended to by physician
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: probably cerebral hemorrhage

Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
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)
(c) Means of injury: Local registrar
23. Signature: W. L. Handley (M. D. or other) _____
Address: Springfield, Mo. Date signed: 4/13/43

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..... **F. C. Thieme**.....

Licensed Embalmer No..... **2899**.....

P. O. Address..... **Springfield, Missouri**.....

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.