

FILED AUG 16 1943

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 68

1. PLACE OF DEATH:

(a) County: New Madrid
(b) City or town: (Portageville) Township
(c) Name of hospital or institution: Portageville Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural
(d) Street No.: New Madrid, Mo.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME

Joyce Canall Stewart
3. (b) If veteran name was
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1943 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 7-7-43
19 to 7-8-43 19

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 8
7. Birth date of deceased: Oct - 8 - 1942
(Month) (Day) (Year)

that I last saw him alive on 7-8-43 19
and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Arteriosclerosis

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

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

9. Birthplace: New Madrid Co. MO.
(City, town, or county) (State or foreign country)

Major findings: 119a
Of operations
Of autopsy

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name: Abraham Stewart
13. Birthplace: Malapine, Mo.
14. Maiden name: Hettie Parker
15. Birthplace: Clair

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 2

16. (a) Informant: Abes Stewart
(b) Address: Portageville, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof: 7-9-1943
(Month) (Day) (Year)
(c) Place: burial or cremation: Portageville

18. (a) Signature of funeral director: Edith Largent
(b) Address: Portageville, Mo.

19. (a) July-29-43 (b) Edith Largent
(Date received local registrar) (Registrar's signature)

23. Signature: Dr. Gilbert (M. D. or other) 100
Address: Portageville, Mo. Date signed: 7/12/43

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

2000

1191

RECEIVED

District Health Office No. 2,

District File Number 848-1029

Date Filed 8-11-43

STATEMENT BY LICENSED EMBALMER

not

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.