

No. 2
5-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29469
Registrar's No. 153

FILED SEP 13 1943 24
Registration District No. 324

Primary Registration District No. 372

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

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL
(c) Name of hospital or institution: None - 1409 NORTH ODELL
(d) Length of stay: In hospital or institution _____
In this community 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SALINE
(c) City or town MARSHALL
(d) Street No. 407 No. Odell
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN ELLEN STEWART
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2nd year 1943 hour 7 minute 19 P.M.
21. I hereby certify that I attended the deceased from 7/31 1941 to 8-2 1943 that I last saw her alive on 8/2 1943 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Geo STEWART 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 3 1854
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 10

8. AGE: Years 89 Months 5 Days 29 If less than one day _____ hr. _____ min.

Due to 93el

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

Due to gmic Hep

10. Usual occupation House wife

Other conditions gmic Hep (Include pregnancy within 3 months of death) 1941

11. Industry or business _____
12. Name John Parker Jesse
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name SALLY BRADLEY
15. Birthplace Wing (City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs F.H. MAUER
(b) Address 407 No Odell
17. (a) BURIAL (b) Date thereof Aug 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Mo
18. (a) Signature of funeral director DON SHORT
(b) Address MARSHALL MO
19. (a) Aug 24 43 (b) Mrs T.O. Weethorck
(Date received local registrar) (Registrar's signature)

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 M. E. ... (M. D. or other) _____
Address _____ Date signed 8/3/43

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-10-43

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 Donald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall, 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.