

FILED OCT 7 1943 94

Registration District No. _____ Primary Registration District No. 4157

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

1. PLACE OF DEATH:

(a) County Dade
 (b) City or town Dadeville
(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 1
(Specify whether years, months or days)
 In this community 50 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 029
 (c) City or town Dadeville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None 0

3. (a) PRINT FULL NAME

Franklin Edward Stewart

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
 year 1943 hour 15 minute AM
 21. I hereby certify that I attended the deceased from Aug 6, 1943 to Aug 6, 1943
 that I last saw him alive on Aug 5, 1943
 and that death occurred on the date and hour stated above.

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Stewart

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct 8 1869

(Month) (Day) (Year)

Immediate cause of death myo Carditis - with
Dilatation

8. AGE: Years 73 Months 9 Days 29
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

9. Birthplace Cutman Co Mo
(City, town, or county) (State or foreign country)

Other conditions Drooping
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Andrew Stewart

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

14. Maiden name Margaret League

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

16. (a) Informant Mrs H E Stewart
 (b) Address Dadeville Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Mo 7 43
(Month) (Day) (Year)

(c) Place: burial or cremation Buried Cemetery

Major findings: Of operations _____
 Of autopsy _____

18. (a) Signature of funeral director Willard B. Crisp
 (b) Address Dadeville Mo

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 _____

22. Signature B B Kirby (M. D. or other)
 Address Dadeville Mo Date signed 8/3/43

RECEIVED

District Health Officer No. 8;

District File Number 1043-1143

Date Filed OCT 5 1943

OCT 7 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 *Richard B. Erwin*

Licensed Embalmer No. 3092

P. O. Address *Belmar, N.J.*

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.