

FILED DEC 11 1946

Registration District No. 291

Primary Registration District No. 5998

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural York Township
(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 _____ (Specify whether)

In this community 18 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Rural, near Powersville
(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 _____

3. (a) PRINT FULL NAME Rosa Ann Stewart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 14 1876
(Month) (Day) (Year)

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

67 2 24 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Jordan Moore

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

14. Maiden name Sarah Davis Moore

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof Oct. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banta Cemetery Powersville Mo.

18. (a) Signature of funeral director Milton Liggitt

(b) Address Seymour La

19. (a) 12-5-46 (b) Marvill Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1943 hour 3 minute 15 a.M.

21. I hereby certify that I attended the deceased from September 20, 1943, to October 8, 1943, that I last saw her or alive on October 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Chronic glomerular nephritis

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 J. W. M. Donald (M. D. or other) MD
Address Unionville Mo. Date signed 12-5-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 23 1946

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 Milton Liggett

Licensed Embalmer No. 2487

P. O. Address Seymour Iowa

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.