

FILED JAN 10 1944

Registration District No. 385

Primary Registration District No. 30395689

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Rinn Marceline Twp.  
 (b) City or town Marceline Rural  
(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 year. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Rinn  
 (c) City or town Marceline  
(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 Thomas Barzilla Stuart

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Farmer.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Stuart  
 13. Birthplace S. Carolina  
(City, town, or county) (State or foreign country)  
 14. Maiden name Honey Roan  
 15. Birthplace S. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Maury Stuart

(b) Address Broadfield mo R. 2.

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Dec 2 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Base Hill Broadfield

18. (a) Signature of funeral director James M. Hightler

(b) Address Marceline MO

19. (a) 12-2-43 (Date received local registrar) (b) P.D. Patrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
 year 1943 hour \_\_\_\_\_ minute 3 P. M.

21. I hereby certify that I attended the deceased from Nov 22, 1943, to Nov 30, 1943  
 that I last saw him alive on Nov 30, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis general  
 Due to Arterio-sclerosis  
 Due to Myocarditis  
 Due to Myocarditis  
 Due to Myocarditis  
 Duration 20 yr.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92d  
 Of autopsy \_\_\_\_\_

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 2

23. Signature Ray P. Hite (M. D. or other) MD  
 Address Broadfield Mo Date signed 12/2/43

**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..... *Dale Bunch*.....  
Licensed Embalmer No..... *4088*.....  
P. O. Address..... *Marceline 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.**