

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3464**

FILED FEB 14 1944

Registration District No. **787**

Primary Registration District No. **3040**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **Livingston**

(b) City or town **Chillicothe**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
336 Wise Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **29 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**

(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")

(d) Street No. **336 Wise Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **William Ezra Stewart**

3. (b) If veteran, name war **No**

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 **Jennie Stewart**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **May 27, 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER

12. Name **Oliver P. Stewart**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs William E. Stewart**

(b) Address **Chillicothe, Missouri.**

17. (a) **Burial** (b) Date thereof **1-27-'44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edgewood Cemetery**

18. (a) Signature of funeral director **F. B. Norman Co.**

(b) Address **Chillicothe, Missouri.**

19. (a) **January 27** (b) **Lou Elba Corry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **25th.**
year **1944** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **None** 19 **None** 19 **None**
that I last saw him alive on **November 4, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Vascular Hypertension

Due to _____

Due to _____

Other conditions **JZ**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **No**

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)

Means of injury _____

23. Signature **Robert G. Gentry** (M. D. or other) _____
Address **Chillicothe, Mo.** Date signed **1-25-1944**

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.....

E. R. Norman

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.