

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

Rev. I 12351

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 9 1944

Registration District No. 264

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6237

State File No. 4775

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Warren  
 (b) City or town Rural Hickory Grove, Mo.  
 (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  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME John Wealey Stewart  
 3. (b) If veteran — name war  
 3. (c) Social Security No. 48 9284764

4. Sex M 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife.  
 6. (c) Age of husband or wife if alive 25 years  
 (Month) (Day) (Year)

7. Birth date of deceased April 25 1924  
 (Month) (Day) (Year)

8. AGE: Years 19 Months 8 Days 6  
 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business  
 12. Name Pete Stewart  
 13. Birthplace Warren Co Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Carrie France  
 15. Birthplace St Charles Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pete Stewart  
 (b) Address Wright City Mo  
 17. (a) Rural (b) Date thereof 1/22/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wealey Chapel Cem Warren  
 18. (a) Signature of funeral director J. H. ...  
 (b) Address Wright City Mo  
 19. (a) 1/22/44 (b) J. H. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren  
 (c) City or town Rural Hickory Grove  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
 year 1944 hour 3 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from January 19  
1944, to January 21, 1944  
 that I last saw him alive on January 21, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to  
 Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 108  
 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)  
 (e) Means of injury

23. Signature John P. ... (M.D. or other)  
 Address Wright City, Mo Date signed 1/22/44

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**