S. No. 2
OM—2-43
5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 6434

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Brashear
(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

3. (a) PRINT FULL NAME Elbert F. Stewart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

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

7. Birth date of deceased Nov (Month) 1 (Day) 1882 (Year)

8. AGE: Years 61 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Hoopston (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Elbert Stewart
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Jennie Bony
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant La Verne Stewart
(b) Address Pontiac, Mich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sabbath Home

18. (a) Signature of funeral director Foster R. Easley
(b) Address Brashear, Mo.

19. (a) 3/6/44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Twenty Sixth year 1944 hour Eleven minute 58 P.M.

21. I hereby certify that I attended the deceased from December Thirty First 1943 to February 26 1944; that I last saw him alive on February 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocardial Failure	
Due to Auricular Fibrillation	
Due to Chronic Myocarditis	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operations
Of autopsy No autopsy

93d

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature A. L. Schultz ~~(M.D. or other)~~ DO

Address Community Nursing Home Date signed 2/27/44
Kirksville, Mo.

15 49

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

RECEIVED
District Health Officer No. 10
District File Number 3-44-538
Date Filed MAR 8 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Foster R. Easley

Licensed Embalmer No. 1146

P. O. Address Brookers, 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.