

No. 2
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5-17-39
X35827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8113
Registrar's No. 13

FILED MAR 14 1944

Registration District No. 297

Primary Registration District No. 3057

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 66 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 153 Chestnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME ELIZA ANN STEWART

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Elijah Stewart, Deceased 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 21 st. 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation House Keeper

MOTHER FATHER

11. Industry or business _____

12. Name W.W. Jacobs

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

14. Maiden name Sarah (Ford) Jacobs

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

16. (a) Informant Sam Aereel
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brochus
(b) Address Richmond, Mo.

19. (a) 3/4 44 (b) Mrs. Frank Shippert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Mar day 1st,
year 1944, hour 7 minute 30P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Mar 1-44, 19____;

that I last saw her alive on March 1-44, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris,
Died suddenly, sick 30 minutes.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

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 _____

Signature [Signature] (M. D. or D.O.)
Address Richmond Mo

Date signed 3/4/44

12 50

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-13-44

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.....

J.B. Brothens

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed.....

J.B. Brothens
Licensed Embalmer No. 2001

P. O. Address Richmond, 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.