

FILED MAY 2 1944

State File No.

Registration District No. 17

Primary Registration District No. 3008

Registrar's No. 124

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yr 12 day
(Specify whether years, months or days)

In this community 6 yr 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town New Madrid
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Stewart

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 12 years (Day) (Year)

7. Birth date of deceased Nov 12 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>4</u>	<u>22</u>	hr. min.

9. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Addison Stewart

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

14. Maiden name DK

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

16. (a) Informant Mrs Grace Stewart

(b) Address Dexler Mo

17. (a) Removal (b) Date thereof Apr. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo

18. (a) Signature of funeral director Glenn Y. Mansin

(b) Address 712 Center Fulton, Mo

19. (a) Apr 7-1944 (b) Jessie Morasch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 20 - 1944 to 4 - 3 - 1944
that I last saw him alive on 4 - 3 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 R 1

Of autopsy

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 J. E. Stippell (M. D. or other)

Address Fulton Mo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-44.....

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.