

FILED APR 19 1944 287

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5979

Registrar's No. 2

1. PLACE OF DEATH:  
(a) County POPK  
(b) City or town SWILLARD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Route 1  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2315 N. Broad  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roy C. Stewart  
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 - day 2 - year 44 hour 12 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Erma Lea 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased November 3, 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Gunshot wounds in head

8. AGE: Years 40 Months 3 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Christian County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Defense Worker

164C

11. Industry or business \_\_\_\_\_  
12. Name W. L. Stewart  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie L. Perkins  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Erma Lea Stewart  
(b) Address Springfield, Missouri  
17. (a) Burial (b) Date thereof 3/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Patterson Cemetery  
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri  
19. (a) Mar 9-1944 (b) Hillard Dickinson  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 3-2-44  
(c) Where did injury occur? Willard Popk Co. MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Neck  
23. Signature John Little (M. D. or other) Corner  
Address Bolivar MO Date signed 3-2-44

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

MOTHER FATHER

FEB 23 1945

District Office No. 7,  
District File Number 3-44-536  
Date Filed 4-13-44

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Harlow Knabb*

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.