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FILED MAY 18 1944

Primary Registration District No. **5424**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Dunklin**

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

(c) Name of hospital or institution: **Home / Union Free**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **most of life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**

(c) City or town **Campbell "Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. **Union Free**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Ruth Ann Stewart**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single **widowed**, married, divorced **2**

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

7. Birth date of deceased **Dec. 8 - 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	3	hr. _____ min.

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

10. Usual occupation **Homework**

11. Industry or business _____

12. Name **uk.**

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

14. Maiden name **uk.**

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

16. (a) Informant **John Stewart**

(b) Address **Campbell Mo.**

17. (a) **Burial** (b) Date thereof **4-12-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elder**

18. (a) Signature of funeral director **Lander J. Home**

(b) Address **Campbell Mo.**

19. (a) **4-12-44** (b) **L. P. Oliver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11th**
year **1944** hour **3** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **March 15**
19**44**, **April 3**, 19**44**
that I last saw her alive on **April 2**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach**
Duration **1 yr**

Due to **✓**
HoP

Due to **✓**

Other conditions **✓**
(Include pregnancy within 3 months of death)

Major findings: **✓**

Of operations **✓**

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?
(Specify type of place)

23. Signature **L. P. Oliver** (M.D. or other) **2**
Address **Missouri** Date **4-12-44**

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

1150 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 544-745

Date Filed 5-15-44

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.....

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 fact should be so stated above.