

FILED DEC 12 1944 9

Primary Registration District No. 5297-5306

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole Co  
(b) City or town Rural Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jefferson City, Rt #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jefferson City, Rt #1 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Floyd Stewart

3. (b) If veteran, name was No 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Viola Stewart 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Feb 21 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole Co 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Stewart

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Margarett Harmon

15. Birthplace Missouri 0  
(City, town, county) (State or foreign country)

16. (a) Informant Clayton S. Stewart

(b) Address Jefferson City

17. (a) Burial (b) Date thereof July 20, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California Mo.

19. (a) 8/1/44 (b) J. J. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1944 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 5 1944  
\_\_\_\_\_ 19\_\_\_\_ to July 18 1944  
\_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on July 18  
and that death occurred on the date and hour stated above.

Immediate cause of death edopathic hypotension 5 1/2

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

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

Other conditions (Include pregnancy within 3 months of death) 102

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_ (c) Means of injury 9

23. Signature Clayton S. Stewart (or other) \_\_\_\_\_

Address Jefferson City Mo Date signed 7/19/44

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

26  
00

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

12-15-44

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.....

Earl R. Bowlin

Licensed Embalmer No.....

2126

P. O. Address.....

California, M.

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.