

Registration District No. 200

Primary Registration District No. 5725

1. PLACE OF DEATH:  
 (a) County Macon  
 (b) City or town Macon (Rural, Hudson) surp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Still Redeth Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Texas (b) County Patterson 999  
 (c) City or town Amarillo Texas 41  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 317 E 22 0  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ?

3. (a) PRINT FULL NAME THOMAS STEWART  
 (b) If veteran, name war No  
 (c) Social Security No. 452-07-0873

20. DATE OF DEATH: Month Jan day 14 year 1945 hour 11 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from Jan 14 1945 to Jan 14 1945  
 that I last saw him alive on Jan 14 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife None  
 (c) Age of husband or wife if alive 10 years

Immediate cause of death Acute Toxic psychosis. Duration

7. Birth date of deceased Feb 10 1914  
 (Month) (Day) (Year)  
 8. AGE: Years 30 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

12. Name Albert B Stewart

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

14. Maiden name Lena Kriet

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

16. (a) Informant Mo A B Stewart

(b) Address Amarillo Texas

17. (a) removal (b) Date thereof Jan 14-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amarillo Texas

18. (a) Signature of funeral director Albert B Kriet

(b) Address Macon Mo

19. (a) 1/24/45 (b) Jora B Munkle  
 (Date received at local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J. H. H.

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 Floyd E. Dunn (M.D. or other) D.O.

Address Macon Minn Date signed 1/14/45

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

MOTHER FATHER

-34  
26-4

103

JUL 2 1945

JAN 26 1945

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 Albert S. Kincaid

Licensed Embalmer No. 75-1

P.O. Address Mason 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.