

FILED MAY 1 1945

Registration District No. 5456 Primary Registration District No. 5456 Registrar's No. 9

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

1. PLACE OF DEATH: **GREENE**

(a) County Greene

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

(c) Name of hospital or institution Battlefield, Missouri
(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 Battlefield
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edwin Jasper Stewart

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bettie Stewart

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 24, 1869
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>75</u> | <u>9</u> | <u>22</u> | hr. _____ min. _____ |

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

10. Usual occupation Farmer and Stockman

11. Industry or business _____

MOTHER FATHER {

12. Name C. J. Stewart

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

14. Maiden name Francis Ray

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

16. (a) Informant Mrs. Bettie Stewart

(b) Address Battlefield, Missouri

17. (a) Burial (b) Date thereof April 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manley Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) April 18-45 (b) Glorance Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th, year 1945 hour 7:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from 4, 9, 1945 to 4, 16, 1945 that I last saw him alive on 4, 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 wk

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

23. Signature J. J. Mueck (M. D. or other) _____
(Specify type of place) (e) Means of injury

Address Springfield, Mo. Date signed 4, 17, 45

RECEIVED

City and County Health Office,

County File Number 45-5-44

Date Filed 5-9-45

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.....

C. R. Roof

Licensed Embalmer No. 3044

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.