

FILED MAY 17 1945  
Registration District No. 1391

Primary Registration District No. 3023

State File No. \_\_\_\_\_  
Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
Clinton General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 m.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry <sup>42</sup>

(c) City or town Clinton <sup>1</sup>  
(If outside city or town limits, write "RURAL.") <sup>2</sup>

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME infant Samuel & Maggie Stewart

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1945 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h.c.r. alive on 4-27, 1945,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: April (Month) 27 (Day) 1945 (Year)

Immediate cause of death Pre-mature Birth Duration \_\_\_\_\_

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

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

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 30 min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Samuel Lee Stewart

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

14. Maiden name Maggie Robinson

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

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.

16. (a) Informant Sam Stewart

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Brownington

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? \_\_\_\_\_

18. (a) Signature of funeral director Consuelo Peeler

(b) Address Clinton Mo

19. (a) April 27 (Date received local registrar) (b) Myrtle Brown (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

3. Signature E. C. Peeler R.L. (M. D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 4-27-45

RECEIVED  
Date Filed 5-15-45  
Officer 4-45-46

**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.

*not Emb*

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.**