S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27075

Registration District No. 59 Primary Registration District No. 4094 Registrar's No. 117

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Garden City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 45 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Garden City
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Earl Stewart
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 24th 1900 (Month) (Day) (Year)
8. AGE: Years 45 Months 3 Days 14 If less than one day hr. min.
9. Birthplace: Garden City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Paper carrier
11. Industry or business: K.C. Star route
FATHER 12. Name: Tom Stewart
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nancy Stout
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Foster Rutt
(b) Address: LaTour, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: G.C. Cemetary
18. (a) Signature of funeral director: J. M. Kirkman
(b) Address: Garden City, Mo.
19. (a) Aug. 18, 1945 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Sunday 8th year 1945 hour 0 minute 0 A. M.
21. I hereby certify that I attended the deceased from July 8th 1945, to July 8th 1945, that I last saw him alive on July 8th 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 hours
Due to: Endocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Frank G. Wells (M. D. or other)
Address: Garden City Date signed July 10-45

1047

(Licensed Embalmer's Statement on Reverse Side)

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 J. M. Kauffman, Registered Apprentice No. ....., working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1090

P. O. Address Baxter City

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.