U. S. No. 2
100M—2-43
Rev. 5-17-39
No. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36534

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 123

1. PLACE OF DEATH:

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 315 E. Promenade St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carrie Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William B. Stewart

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

7. Birth date of deceased April 18, 1861 (Month) (Day) (Year)

8. AGE: Years 84 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name George Lane
13. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Eliza Hart
15. Birthplace Henderson County, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John Lane

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl T. Pruitt

(b) Address Mexico, Mo.

19. (a) Oct 12 1945 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 45 hour 4:15 p.m. minute ____ M.

21. I hereby certify that I attended the deceased from Sept 22, 1945, to 10-11, 1945; that I last saw her alive on alive on 10-10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis — Duration years

Due to Generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) No

(b) Date of occurrence —

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Henry F. O'Brien (M. D. or Coroner)

Address Mexico, Mo. Date signed 10-12-45

1406

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1750
Date Filed NOV 27 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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.