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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41278

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1049

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 3 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk 84
(c) City or town: Bolivar
(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: Frank Leslie Stewart
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Amy Stewart
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Sept. (Month) 29 (Day) 1887 (Year)

8. AGE: Years 58 Months 2 Days 21 If less than one day hr. min.

9. Birthplace: Dallas County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Supt. of Water Dept.
11. Industry or business: City of Bolivar
FATHER
12. Name: W. W. Stewart
13. Birthplace: Pike County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Sarah Virginia Lock
15. Birthplace: Mercer County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: A. T. Stewart
(b) Address: Bolivar, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Hutcheson-Turpin
(b) Address: Bolivar, Mo.
19. (a) 12-22-45 (Date received local registrar) O W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1945 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from March, 1945 to Dec 20, 1945 that I last saw him alive on Dec 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. nephritis. Died of uraemia

Due to

Due to

Other conditions: Mo. candidiasis (Include pregnancy within 3 months of death)

Major findings:
Of operations: 13/15
Of autopsy

Duration

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: Walter Hewell (M. D. or other)
Address: Springfield Mo. Date signed 12-22-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1946

JAN 16 1946

MAR 27 1946

MAR 27 1946

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 .....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.