

FILED FEB 11 1946

State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Caruthersville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 1 day
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
 (c) City or town Caruthersville, Mo. 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Juliet, Ave. 2
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Tommy Dale Stewart

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 January 25, 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Carlie Stewart
 13. Birthplace Tiptonville, Tenn. /
 (City, town, or county) (State or foreign country)
 14. Maiden name Doney Dotson
 15. Birthplace Trenton, Tennessee /
 (City, town, or county) (State or foreign country)

16. (a) Informant Carlie Stewart
 (b) Address Caruthersville, Mo.
 17. (a) Removal (b) Date thereof 1/26/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ridgley, Tenn.

18. (a) Signature of funeral director H. S. Smith Funeral Home
 (b) Address Caruthersville, Mo.
 19. (a) 1-30-46 (b) Jesse B. Wickel
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
 year 1946 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan. 25 - 1946 to Jan. 26 - 1946
 that I last saw him alive on Jan. 25 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Not determined
Probably accidental suffocation

Due to _____

Due to _____

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

Major findings: _____ PHYSICIAN _____
 Of operations _____
 Underline the cause to which death should be charged statistically.

Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION

22. If death was due to external cause, state following:
 (a) Accident, suicide, or homicide accidental
 (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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Pinion (M. D. or other) _____
 Address Caruthersville, Mo. Date signed 1-26-46

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

1-46-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____
Body was not embalmed _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address. Caruthersville, 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.

Registration District No. 270 Primary Registration District No. 3050

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Canthersville
(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 _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 Tommy D. Stewart
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 25 1946 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Day _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to Bed covers ✓
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.
Hb2-2
19

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident ✓
(b) Date of occurrence Jan. 26 - 1946 ✓
(c) Where did injury occur? Canthersville Pemiscot Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
While at work? _____ (Specify type of place) (e) Means of injury red covers
23. Signature J. R. P. Union (M. D. or other) _____
Address Canthersville, Mo. Date signed 2-15-46

SUPPLEMENTARY

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

1729

3587