

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **16218**  
Registrar's No. **119**

Registration District No. **107** Primary Registration District No. **3019**

**1. PLACE OF DEATH:**

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution Two days  
(Specify whether)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dunklin

(c) City or town Malden Rural  
(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** JANE Cone Ethel Stewart

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

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 30  
year 1946 hour 10 minute 40 AM.

21. I hereby certify that I attended the deceased from  
April 29, 1946, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on April 29, 1946, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Roy Leonard Stewart

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: 11 (Month) 19 (Day) 1914 (Year)

Immediate cause of death Tetanus Duration 9 days

She stepped on nail April 22, 1946. Came to my office April 29, 1946 complaining of pain in hair. I gave her tetanus culture and ordered her immediately to the hospital.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>31</u>	<u>5</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation House Keeping (own home)

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

**MOTHER, FATHER** { 12. Name Boyd E. Bennett

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

14. Maiden name Mara Hunsaker

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

16. (a) Informant Roy L. Stewart

(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 46  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. E. Knight

(b) Address Parma Mo

19. (a) 5/21/46 (Date received local registrar) (b) Carl Thibault (Registrar's signature)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

23. Signature S. M. Bailey M.D. (M. D. or other) \_\_\_\_\_  
Address Malden, Mo Date signed 5/1/46

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

RECEIVED

District Health Office No. 2,

District File Number 646-681

Date Filed 6-5-46

91261 01 NDC

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 Thomas C. Knight

Licensed Embalmer No. 2187

P. O. Address Panna, 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.

MAY 6 1 1946