S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37454
State File No.

Registration District No. 156 Primary Registration District No. 200 1 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 Hill 5
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Stewart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
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 Nov. 8, 1946 (Month) (Day) (Year)

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

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Ira Stewart
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)
MOTHER 14. Maiden name Mary Holmes
15. Birthplace Mansfield (City, town, or county) Lousiana (State or foreign country)
16. (a) Informant Mother
(b) Address 1124 Hill, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Parkway Cem. Joplin
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin Mo.
19. (a) 11-16-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day November year 1946 hour 8:40 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 8, 1946 to Nov. 9, 1946 that I last saw him alive on Nov. 8, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Premature birth
Due to Appendectomy on mother
Due to
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Appendectomy
(b) Date of occurrence Nov 7-46
(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 0
23. Signature H. Walker (M. D. or other)
Address Joplin Mo Date signed 11-12-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-11-986

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Iowa

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.