

FILED DEC 12 1946
Registration District No. 30

Primary Registration District No. 4038

State File No. _____

Registrar's No. 39

1. PLACE OF DEATH:

(a) County BENTON
(b) City or town WARSAW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON
(c) City or town WARSAW
(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 NONE

3. (a) PRINT FULL NAME RACHEL VIOLET STEWART

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

4. Sex FEMALE 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb. 29 1970
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace POPK COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name O.H. Hazel
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Stewart
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Stewart

(b) Address Warsaw, Mo Box 283

17. (a) Burial (b) Date thereof Dec 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewart Cemetery

18. (a) Signature of funeral director Reser Funeral Home

(b) Address WARSAW MO

19. (a) Dec 7 1946 (b) Geo. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1946 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec., 5, 1946 to Dec., 5, 1946
that I last saw her alive on Dec., 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack - Pulmonary Valve
Duration 30 min.

Due to Senility 5 yrs.

Due to _____

Other conditions Senility 5 yrs.
(Include pregnancy within 3 months of death)

Major findings: 95C
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) _____

(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 Geo. A. Logan (M. D. or other) D.O.

Address Warsaw, Mo. Date signed 12/5/46

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

RECEIVED

District Health Officer No. 7,

DATE 11-26-2024

12-1-26

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

John J. Reese

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.