

S. No. 2  
OM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40021

FILED DEC 21 1946

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution St. Marys Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 2 1/2 years  
(Specify whether years, months or days)

In this community 2 1/2 years

3. (a) PRINT FULL NAME Viola Stewart

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive / years

7. Birth date of deceased July 25 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business at home

12. Name Stan Rutledge

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

14. Maiden name Joan Butler

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

16. (a) Informant Floyd Stewart

(b) Address 511-E Franklin

17. (a) Burial (b) Date thereof 12-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eaton, Mo.

18. (a) Signature of funeral director James Lewis

(b) Address 202 Jefferson

19. (a) 12-23-46 (b) R.P. Davis MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson city  
(If outside city or town limits, write "RURAL")

(d) Street No. 511-E Franklin  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1946 hour 10 minute 2 P.M.

21. I hereby certify that I attended the deceased from Dec 17 to Dec 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Adhesions & Volvulus

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 122B

Of autopsy /

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 J.G. Bruce MD (M. D. or other) MD

Address Jefferson city Date signed 12/23 1946

~~Date Filed~~ 12-30-46

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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.

Signature 

Licensed Embalmer No. 3641

P. O. Address 

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.