

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 19

1. PLACE OF DEATH

(a) County Pettis  
(b) City or town Deola  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1640 So. Carr. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 3 days. (Specify whether  
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg Mo (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. Warrensburg  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADELIA A. STEWART

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband John E. Stewart 6. (c) Age of husband or wife if alive Deceased  
Birth date of deceased Sept 20 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name John E. Rice

13. Birthplace Not known Ohio (City, town, or county) (State or foreign country)

14. Maiden name Bitcha Allison

15. Birthplace Not known Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Glenn W. Stewart

(b) Address 1640 So Carr, Deola Mo

17. (a) Burial (b) Date thereof 1-14-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Dissereny Phillips

(b) Address Warrensburg, Mo

19. (a) 113/47 (b) Betty Meyers (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1947 hour 1 minute P M.  
21. I hereby certify that I attended the deceased from 1-11-47 to 1-12 1947  
that I last saw her alive on 1-11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage and Paralysis Duration 6 days  
Respiratory Pneumonia  
Due to Cerebral Hemorrhage and Paralysis 15 yrs.  
Due to Hypertension Charlat. nephritis 15 yrs.  
Other conditions Emphysema  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 131A

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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.g. means of injury)  
23. Signature Foye M. D. or other \_\_\_\_\_  
Address Deola, Mo Date signed 1-13-47

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

0  
6  
4

251

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-25-47

JAN 25 1947

**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 J. Earl Priest  
Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.