

No. 2  
1-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **462A**

**FILED FEB 24 1947**

Registration District No. **13**

Primary Registration District No. **4208**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Harrison

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 58 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Harrison

(c) City or town Cainsville  
(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** Sherman Stanton Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased February 25th 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	11	17	hr. min.
----	----	----	----------

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

10. Usual occupation Retired Laborer

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

12. Name William Alexander Stewart

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

14. Maiden name Delphia C. Smith

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

16. (a) Informant Emilee Cain

(b) Address Bethany, Missouri

17. (a) Burial (b) Date thereof Feb. 14th 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director E. J. Stoklasa

(b) Address Cainsville, Missouri

19. (a) 2-15-1947 (b) S. Pha Shaw  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 12th  
year 1947 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 2  
1946 to Feb 12, 1947  
that I last saw him im alive on Feb 12, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arterio Sclerosis, Hypertension

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

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

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

Duration \_\_\_\_\_

**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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. S. Duff (M. D. or other) \_\_\_\_\_  
Address Cainsville, Missouri Date signed 2/13/47

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

MOTHER FATHER

116

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

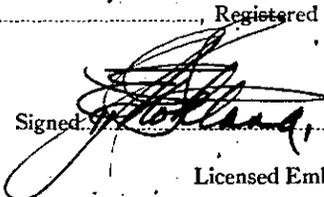
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *of*.....

**Eddie J. Stoklasa**.....

Registered Apprentice No.....

working under my personal supervision.

Signed: .....

Licensed Embalmer No..... **3602**.....

P. O. Address **Cainsville, Missouri**.....

**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.**