

S. No. 2
1-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8675

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

FILED MAR 28 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 214

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 236 West Brower 6
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Euphemia Stewart

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F M /

5. Color or race 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 June 28 1971
(Month) (Day) (Year)

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

75 8 12 hr. min.

9. Birthplace ??? Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Jim Dehaven 9

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

14. Maiden name Queen Victoria Ashley

15. Birthplace ??? Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Hays

(b) Address 1819 East Commercial

17. (a) Burial (b) Date thereof 3-15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director W.L. Dunn

(b) Address Springfield, Mo.

19. (a) 3-19-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 10
year 1947 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 9 - 1947 to 3/10/1947
that I last saw her alive on 3/10/1947 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: [Signature]

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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 219 E. Coalport Date signed 3/12/47

111 (Licensed Embalmer's Statement on Reverse Side) Springfield, 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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. J. McCann*.....

Licensed Embalmer No. *2727*.....

P. O. Address..... *Springfield 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.