

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell

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

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

(d) Length of stay: In hospital or institution XXXXX
(Specify whether in this community 81 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County Caldwell 13

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

(d) Street No. Hughes
(If rural, give location)

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

3. (a) PRINT FULL NAME David Franklin Stewart

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 10-15-46
1946 to 5-16-47 1947
that I last saw him alive on 5-16-47 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Francis Stewart 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased July 24 1857
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation

Due to Anteriorly located Heart Disease

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

89 9 25 hr. min.

9. Birthplace Zainsville, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Stock raising

12. Name William G. Stewart

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda J. Johnson

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. R. Stewart

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof May 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

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

(b) Address Hamilton, Mo.

19. (a) May 23/47 (b) Bludys Jones
(Date received local registrar) (Registrar's signature)

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 Frouz & Daley (M. D. or other) MD

Address Hamilton, Mo. Date signed Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

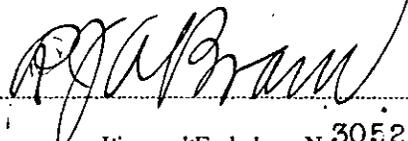
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....
R. Lester Bram, Registered Apprentice No. 456
.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.