V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18515

Registration District No. 319 Primary Registration District No. 4457 Registrar's No.

1. PLACE OF DEATH:
(a) County: St Clair
(b) City or town: Lowry City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Clair 93
(c) City or town: Lowry City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME: Clara Isabelle Stewart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband ~~or wife~~: Charley A
6. (c) Age of husband ~~or wife if alive~~: Deceased years
7. Birth date of deceased: April (Month) 8 (Day) 1864 (Year)
8. AGE: Years 83 Months 0 Days 15 If less than one day hr. min.
9. Birthplace: Wheatland, Hickory Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Shandy Holland
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Clara Deut
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: A. Glenn Stewart
(b) Address: Clinton Mo R2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 25 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lowry City Cemetery
18. (a) Signature of funeral director: H. C. Austin
(b) Address: Lowry City Missouri
19. (a) 5-1-1947 (Date received local registrar) (b) P. Seesers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1947 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from Apr 15, 1947 to Apr 23, 1947 that I last saw her alive on Apr 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 Mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): 83 A
Major findings: 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? (e) Means of injury

23. Signature: C. S. Stratton (M. D. ~~or other~~) '47
Address: Lowry City Mo Date signed 4/26

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number S-47-745
Date Filed 6-10-47

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. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.