

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
778 South Odell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since 1891 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 9-7
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 778 South Odell 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lottie A. Stewart

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 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 January (Month) 5th (Day), 1871 (Year)

8. AGE: Years 76 Months 5 Days I If less than one day _____ hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

12. Name Mathew Stewart

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

14. Maiden name Parthenia Parkerton Pinkerton

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

16. (a) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Charles Lewis

(b) Address Marshall, Mo.

19. (a) June 9, 1947 (Date received local registrar) (b) Sidney J. Gray (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 6 year 1947 hour 4:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from May 25, 1947 to June 6, 1947 that I last saw him alive on 6-5-47 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Robert Fraunhofer

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

Major findings: Of operations 108
Of autopsy N

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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) (c) Means of injury 0
23. Signature Robert Kain (M. D. or other) Date signed 6-7-47

Duration

3 mos.

72 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-18-47

WASH. ST. 90111

SEP 11 1948

NOV 18 1948

SEP 12 1949

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 *W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Saline } ss.

State File No. 23055-47
Local Registrar's No. 125

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of September, 1947, before me appears Helen S Wright

who, upon her oath, states that the original record of ^{birth} death
for Lottie A. Stewart died June 6, 1947 in the State of
Missouri, and which was filed at Marshall, Mo. on June 19, 1947 should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 14 should read Parthenia Pinkerton

Instead of Parthenia Parkerton

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Helen S Wright niece
Relationship.

778 South 4th Marshall Mo.
Present Address.

Subscribed and sworn to before me this 10th day of September, 1947

My Commission expires July 15-1948 Frank E. Alder Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

