

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27088

State File No. _____

FILED SEP 10 1947

Registration District No. 681947

Primary Registration District No. 5267

Registrar's No. 23

1. PLACE OF DEATH

(a) County Christian

(b) City or town Spokane Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: 1 In hospital or institution (Specify whether)

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Christian

(c) City or town Spokane MO
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME Joseph M. Stewart

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Joseph Stewart

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

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Stewart

(b) Address Spokane MO.

17. (a) Burial (b) Date thereof July 10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spokane Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark MO.

19. (a) Sept 21/47 (b) Foretha M. Beach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1947 hour 7 minute 108 M.

21. I hereby certify that I attended the deceased from Jan 1947 to July 1947
that I last saw him alive on 1 July 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardium + Angeritis

Duration _____

Due to _____

Due to _____

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

Major findings: 93E

Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

Signature [Signature] (M. D. or _____)
Address Spokane MO Date signed 25 Aug 1947

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

52

RECEIVED

District Health Officer No. 6,

District File Number 947-968

Date Filed SEP 9 1947

SEP 10 1947

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.