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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1947

Registration District No. 3946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6166

State File No. 33466

Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Rural Reeve
(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 years, months or days) In this community about 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 104
(c) City or town Crane Mo
(If outside city or town limits, write "RURAL") 1
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth Stewart
3. (b) If veteran, name war
3. (c) Social Security No. ✓
4. Sex M
5. Color or race Wh
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 Feb (Month) 17 (Day) 1930 (Year)
8. AGE: Years 17 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Reno (City, town, or county) Mo (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
MOTHER FATHER
12. Name Seymour Stewart
13. Birthplace Reno (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ermal Entsler
15. Birthplace Aberville (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ermal Stewart
(b) Address Crane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1st 47 (Month) (Day) (Year)
(c) Place: burial or cremation Belmore
18. (a) Signature of funeral director George [illegible]
(b) Address Crane Mo
19. (a) Oct. 1, 1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1947 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 30 1947 to Sept 30 1947 that I last saw him alive on Sept 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to Death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Accident 104
(b) Date of occurrence Sept 30 1947
(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? in Barn (Specify type of place)
While at work? (e) Means of injury Burns
23. Signature Everett J. Cheatham (M.D. or other) Coroner
Address Galena Mo Date signed 9/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1047-1022
Date Filed OCT 10 1947

OCT 16 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 Body was not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed George Manlove

Licensed Embalmer No. 3827

P. O. Address Crane, 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.