

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35350**

FILED OCT 29 1947

Registration District No. **293**

Primary Registration District No. **4436**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **New London mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **/**

(d) Length of stay: In hospital or institution **all his life** (Specify whether years, months or days)
In this community **all his life**

3. (a) PRINT FULL NAME **James Calvin Steward**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nora Steward** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **Oct 28** (Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **3** If less than one day hr. min.

9. Birthplace **Ralls Co mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Chas. Steward**

13. Birthplace **Ralls Co mo** (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace **mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Nora Steward**

(b) Address **New London**

17. (a) **Buried** (b) Date thereof **5-4-47** (Month) (Day) (Year)

(c) Place: burial or cremation **New London**

18. (a) Signature of funeral director **E. Roberts**

(b) Address **Harrison mo**

19. (a) **1947** (b) **H. J. Matlock** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ralls**
(c) City or town **New London** (If outside city or town limits, write "RURAL")

(d) Street No. **/** (If rural, give location)

(e) Citizen of foreign country? **/** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** year **47** hour **2** minute **55 PM**

21. I hereby certify that I attended the deceased from **May 9-46** to **May 1-47** 19 **47**
that I last saw him alive on **May 1-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** 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)

(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 **H. J. Matlock** (M. D. or other)

Address **Harrison mo** Date signed **5/3/47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District No. 47-1459
Date Filed OCT 27 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 Geo E Roberts
Licensed Embalmer No. 2113
P. O. Address Hannibal 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.