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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38778

Registration District No. 110

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede 53
(c) City or town Philipsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Con way Rt. I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles F. Stewart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 4 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Henery County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Cabinet Maker
FATHER
12. Name Wm Harvey Stewart
13. Birthplace West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bell Cox
15. Birthplace ohio (City, town, or county) (State or foreign country)
16. (a) Informant Francis Stewart
(b) Address Philipsburg Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director Palmer
(b) Address Lebanon, Mo.
19. (a) Nov. 29, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1947 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from
, 19, to Nov. 23, 1947
that I last saw him alive on Nov. 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease — Duration ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 H. W. Carrington (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 11/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 12/4/47

Laclede County Health Unit

File No. 11-47-209

Date Filed 12/4/47

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**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 Richard L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.**