

No. 2  
1-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 17 1947

Registration District No. 170

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5634

State File No. 38791

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon Brice Route  
(If outside city or town limits, write "RURAL", and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: unknown (Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. Brice Route  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME THOMAS Jefferson Stewart

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

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Ella Rosetta  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Nov. 11 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 9 11 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name John Stewart

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

14. Maiden name Martha Ellen?

15. Birthplace Shelbyville Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella R. Stewart

(b) Address Lebanon Brice Route

17. (a) Burial (b) Date thereof 8-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. F. Halman  
(b) Address Lebanon Mo.

19. (a) Nov. 8, 1947 (b) Dr. Funkberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22  
year 1947 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Aug 20, 1947 to Aug 22, 1947  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Epilepsy

Date to.....

Date 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?.....

While at work?..... (Specify type of place) (No means of conveyance)

23. Signature W. F. Schmidt (M. D. or other)

Address Lebanon Mo Date Nov 17 1947

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

MOTHER FATHER

Received 11/14/47  
Laporte County Health Unit  
File No. 11-47-192  
Date Filed 11/14/47

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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 \_\_\_\_\_  
\_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Dorsey M. Howe  
Licensed Embalmer No. 4222  
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.