S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44518

Registration District No. 692 Primary Registration District No. 5908 Registrar's No. 138

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hermondale
(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: In hospital or institution ..... (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hermondale
(If outside city or town limits, write "RURAL")
(d) Street No. Holland Twp.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Frank James Steward

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

4. Sex Male
5. Color or race Colored
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ 1

6. (b) Name of husband or wife Lula Steward
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 53 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Anderson Steward
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name 11
15. Birthplace 11 (City, town, or county) (State or foreign country) 9

16. (a) Informant Lula Steward 1
(b) Address Hermondale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cem.

18. (a) Signature of funeral director J. L. German
(b) Address Steele, Mo Box 121

19. (a) 6-2-48 (Date received local registrar) (b) S. L. Pickman (Registrar's signature) 7/6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 6 day 1947
year 1947 hour 2.30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 1947 to Dec 6, 1947, to ....., 19..., that I last saw him alive on an the v. of Dec 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acceleration of Endocarditis Amputation of right leg in Oct 1947.

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy no

Duration

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

23. Signature J. R. McDaniel (M. D. or other)
Address Steele Mo. Date signed 12-2-47

(Licensed Embalmer's Statement on Reverse Side)

2-48-46

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Box 4[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.