

FILED OCT 20 1948

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Poplar Bluff Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 da  
 (Specify whether years, months or days) 38 yrs.

3. (a) PRINT FULL NAME George W. Steward3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....4. Sex M 5. Color or race W  
6. (a) Single, widowed, married,  
(divorced) Widowed6. (b) Name of husband or wife Mollie Lee Meadows  
6. (c) Age of husband or wife if  
alive..... years7. Birth date of deceased Feb. 3 1872  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
76 8 9 hr. min.9. Birthplace Stoddard Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business U. S. Post Office12. Name John Steward  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Caroline Stevenson  
(City, town, or county) (State or foreign country)15. Birthplace Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant V. H. Steward(b) Address Poplar Bluff, Mo.17. (a) Burial (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Poplar Bluff, Mo.18. (c) Signature of funeral director Greer Croy & Fitch(b) Address Poplar Bluff, Mo.19. (a) 10/16/48 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 520 Poplar  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12  
year 1948 hour 9 minute A M.21. I hereby certify that I attended the deceased from  
January 19 1948 to Oct 12 1948  
that I last saw him alive on Oct 12 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Stomach  
Duration 1 year

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 sta-  
tistically.

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 [Signature] (M. D. or other) MDAddress Poplar Bluff, Mo. Date signed.....

RECEIVED

District Health Office No. 2,

District File Number 12-44-1360

Date Filed 10-19-48

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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.....

Russell C. Vaughn....., Registered Apprentice No. 233  
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, 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.**