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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. 180

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3018

State File No. 32473

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem Mo.
(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 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Salem 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ralph Anvil Stewart

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Ruby Lenora Lewis.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 25 (Day) 1895 (Year)

8. AGE: Years 53 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Dent Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name John Stewart
13. Birthplace Dent Co. Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Jones
15. Birthplace Dent Co. Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Stewart
(b) Address Gladden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Rector Cemetery

18. (a) Signature of funeral director Hobson & Grantham
(b) Address Salem Mo

19. (a) Oct 18, 1948 (Date received local registrar) (b) M. M. Hart, M. D. by MBE (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1946, 19__, to 10-16-48, 19__;
that I last saw him alive on 10-16-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	2½ yrs
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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature J. D. Lenford (M. D. or other) DD
Address Salem, Mo. Date signed 10-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-26-48
District Health Officer No. 5
District File Number 10486 7
Date Filed 10-26-48

NOV 10 ...

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 Edward F Broyles

Licensed Embalmer No. 45 53

P. O. Address Salem 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.