

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39909
Registrar's No. 93

Registration District No. 122

Primary Registration District No. 3022

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Ruthany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sullivan Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Amelia Ann Stewart

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thos Stewart Dec

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

7. Birth date of deceased July 5 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Daviess County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Kinnaman

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

14. Maiden name Ann Small

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

16. (a) Informant Carey Harrison

(b) Address English Mo.

17. (a) Burial (b) Date thereof Dec 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missionary Country English Mo

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) Dec 20 '48 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1948 to Dec 12 1948
that I last saw her alive on Dec 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Duration 10 days

Due to malnutrition + chronic bronchitis

Duration 1 yr.

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

Major findings:
Of operations _____

Of autopsy 106B

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 M. Gearhart (M. D. or other) MD
Address Bethany Date signed 12/15/48

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address. *Bethany Md*

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.