

STANDARD CERTIFICATE OF DEATH

17246

State File No.

National Office of Vital Statistics

FILED JUN 9 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison
(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 —

3. (a) PRINT FULL NAME

Mrs. Maude 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 divorced

6. (b) Name of husband or wife Ed. Stewart

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

7. Birth date of deceased

June 30 - 1887
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

61 3 29 hr. — min.

9. Birthplace

Madison, Monroe, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

at home

11. Industry or business

at home

12. Name

Henderson Brown

13. Birthplace

Madison, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Marion B. Reid

15. Birthplace

Madison, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Wm. C. Newley

(b) Address

Madison, Mo.

17. (a)

burial
(Burial, cremation, or removal)

(b) Date thereof

5/31/48
(Month) (Day) (Year)

(c) Place: burial or cremation

Madison, Mo.

18. (a) Signature of funeral director

Frank H. Jones

(b) Address

Madison, Mo.

19. (a)

5-31-48
(Date received local registrar)

(b)

Frank H. Jones
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 12 minute — P. M.

21. I hereby certify that I attended the deceased from May 27, 1948 to May 29, 1948
that I last saw him alive on May 29 48
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio-renal insufficiency

Due to

Hypertension

Due to

Arterio sclerosis

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? — (Specify type of place)

While at work — (Specify type of work)

23. Signature

Tom Fleming

(M. D. or other)

Address

Madison, Mo.

Date signed 5/31/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 1

District No. 6-48-1

Date Filed JUN 8 - 1948

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

Mrs. L. A. Thompson

Licensed Embalmer No.

2282

P. O. Address

Madison Ind

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.