

FILED OGT 22 1946

Primary Registration District No. **3046**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Moniteau Co.**
(b) City or town **California, Mo.** **Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Marshall Eugene Stewart**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **Sept 22 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 hr. min.

9. Birthplace **California, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **John Stewart**

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

14. Maiden name **Emma Hatfield**

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

16. (a) Informant **Jayma Hatfield**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 23, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cent. California**

18. (a) Signature of funeral director **Bowlin Funeral Home**
California, Mo.

(b) Address.....

19. (a) **9-24-46** (b) **H.R. Pope**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Gen Delv**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22**
year **1946** hour **1** minute **1** M.

21. I hereby certify that I attended the deceased from **Sept. 22**
to **Sept. 22** 1946
that I last saw him alive on **Sept. 22** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage.**
Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

23. Signature **H. J. Blum** (M.D. or other) **X-0**

Address **California** Date signed **9/23/46**

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

29833

RECEIVED
District Health Officer No. 9,
District File Number 107701
Date Filed 10-8-76

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.

not

Embalmed

Signed Eugene R. Boulmi

Licensed Embalmer No. 2126

P. O. Address Calistoga, Cal.

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.