

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

701162

1. PLACE OF DEATH { County or District of OVERSEAS (GERMANY) Township of _____
 { If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (In years, months and days)
 (a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. PRINT FULL NAME OF DECEASED STEWART JOHN EDGAR
(Family name) (Given name or names in usual order)

RESIDENCE No. 686 Street Indian Road City, Town, Village or Township Toronto Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality Canadian 6. Racial Origin Scottish 7. Single, Married, Widowed or Divorced Single
(Citizenship) (Write the word)

8. BIRTHPLACE Ontario
(Province or Country)

9. DATE OF BIRTH March 20th 1923
(Month) (Day) (Year)

10. AGE In 20 Years 0 Months 0 Days 0 hrs. or 0 min. If less than one day old

11. Trade, profession or kind of work as Navigator
operator, transporter, office clerk, etc.

12. Kind of industry or business, as R.C.A.F.
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation Dec. 24/43 14. Total years spent in this occupation TWO

15. If married give name of wife or husband of deceased _____

16. NAME Stewart, Charles Oscar

17. BIRTHPLACE Ontario
(Province or Country)

18. MAIDEN NAME Evans, Greta May

19. BIRTHPLACE Ontario
(Province or Country)

20. Person giving information sign here [Signature]
 Address For R.C.A.F. Records Officer
 Relationship to deceased _____

21. Place of Burial, Cremation or Removal _____
 Date of burial or removal _____

22. Burial Permit was issued by _____
 Address _____

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH December 24th 1943
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: _____ to _____
 and last saw him _____ alive on _____

CAUSE OF DEATH
 I. Previously reported missing after air operations, now for official purposes, presumed dead.
(a) Give disease, injury or complication which caused death, and the mode of dying, such as heart failure, apoplexy, asphyxia, etc. due to
 II. Merid conditions (if important) contributing to death but not usually related to immediate cause.
(b) due to
(c) due to

PHYSICIAN
 Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance _____ 19____
 (b) Duration of disease _____ days

27. If a woman, was the death associated with pregnancy? _____

28. Was there a surgical operation? _____ Date of operation _____ 19____
 State findings _____ Was there an autopsy? _____

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? Accident Date of injury Dec. 24th 1943
(State which)
 Manner of injury Presumed killed during air operations
(How sustained)
 Nature of injury _____

Specify whether injury occurred in industry, in home, or in public place public place

Signed by _____ N.D.
 Address _____ Date _____ 19____

30. Division Registrar's Record No _____

Every item of information should be carefully supplied (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

BE PLAINLY WITH WRITING INK IS A PERMANENT RECORD