

REC'D MAR 14 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6180

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township 3 Primary Registration District No. 1001 Registered No. 256  
(c) City St. Joseph (d) Street No. 4819 King Hill Ave. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. 4 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Leonard Russell Stewart 563  
(a) Residence, No. 4819 King Hill Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF //

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Ray Stewart

14. BIRTHPLACE (CITY OR TOWN) Garrison Crossing  
(STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Mary D. Bush

16. BIRTHPLACE (CITY OR TOWN) Gentry County  
(STATE OR COUNTRY) Missouri

17. INFORMANT Ray Stewart  
(ADDRESS) 4819 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Odd Fellows Cem. DATE Feb. 28, 1938

19. FUNERAL DIRECTOR Clark Mortuary  
(ADDRESS) 5025 King Hill Ave.

20. FILED 2/27 1938 R. H. Nettles  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Feb 27 1938  
I last saw him alive on Feb 26 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Influenza

11a

Other contributory causes of importance:

Lobar Pneumonia

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) Fenton L. Lumbard, M. D.

(Address) 216 1/2 W MO ave

**STATEMENT BY LICENSED EMBALMER**

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Earl A. Clark L. E.

No. 3476 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Earl A. Clark*

Licensed Embalmer No. 3476

**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.)**