

REC'D APR 23 1938

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

9839  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3309 Oakley 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1304

## 2. PRINT FULL NAME

Josephine Stewart 363  
 (a) Residence, No. 3309 Oakley 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow name unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed

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) (STATE OR COUNTRY) Kentucky13. NAME Henry Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT Marie Williams  
(ADDRESS) 3309 Oakley18. BURIAL, CREMATION, OR REMOVAL  
PLACE Blue Ridge Cem. DATE 3-24, 193819. FUNERAL DIRECTOR West Appleton & Jones,  
(ADDRESS) 1905 Vine20. FILED Mich 24, 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-3822. I HEREBY CERTIFY, That I attended deceased from 2-15-36, 19....., to 3-20-38, 19.....I last saw her alive on 3-19-38, 19..... Death is saidto have occurred on the date stated above, at 9:00am, M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Senility  
Toxemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Royce B. Fleming, M. D.(Address) 210 E. Union St. Bldg.

STATEMENT BY LICENSED EMBALMER

I, C. H. West, Licensed Embalmer No. 2710

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

L. E.

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

working under my personal supervision.

Signed C. H. West

Licensed Embalmer No. 2710

**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.)**