

REC'D MAY 9 1938

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

13496

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1476
 (c) City Kansas City, Mo. (d) Street No. 506 S. Van Brunt Blvd. 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.

2. PRINT FULL NAME Mrs. Nellie D. Stewart 363

(a) Residence, No. 506 S. Van Brunt Blvd. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis L. Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>1</u>
		DAYS <u>9</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Luther D. Vail,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Cornelia Van Nastrand</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
17. INFORMANT <u>Mr. Lewis L. Stewart,</u> (ADDRESS) <u>506 S. Van Brunt Blvd. K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Charles, Ill</u> DATE <u>Apr. 5-38</u>		
19. FUNERAL DIRECTOR <u>C.H. Blackman & Son, Inc.</u> (ADDRESS) <u>2825 Indep. Blvd. K.C. Mo.</u>		
20. FILED <u>Apr 5 1938 M. M. Cronin</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938 to April 3, 1938
 I last saw her alive on April 3, 1938 Death is said to have occurred on the date stated above, at 9:24 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas
Metastasis to Liver
 Date of onset 11-1-37

Other contributory causes of importance:
None

Name of operation NO Date of NO
 What test confirmed diagnosis autopsy Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Charles Wilson M. D.
 (Address) 1200 Prof. Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. 7-25-37

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)