REC'D JUN 14 1938

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

17772
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
Registration District No. 85
(b) Township
Primary Registration District No. 1001 Registered No. 548
(c) City St. Joseph
(d) Street No. Missouri Methodist Hospital 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Celia Sanders Stewart 31.3
(a) Residence, No. 320 E. Missouri Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1865

7. AGE: Years 73 | Months 1 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Unknown Tenn.

FATHER
13. NAME Arden Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Angeline Mount
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Rosa Martin 418 E. Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE May 23, 1938

19. FUNERAL DIRECTOR (ADDRESS) Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.

20. FILED 5/21, 1938 H. J. McCabush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1938, to 5-21 1938
I last saw her alive on 5-20, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Chr	unknown
1860	
Other contributory causes of importance:	
Arteriosclerosis	unknown
Fracture of left hip	3/19/38

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 3/19 1938
Where did injury occur? City of St Joseph Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Fell on steps leaving store
Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. S. Franson M. D.
(Address) 620 Frances St.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 myself

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.)