

REC'D JUL 12 1938

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

20821

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002  
(b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 2271  
(c) City Kansas City Mo. (d) Street No. 3500 Independence 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nathaniel Grant Stewart 363

(a) Residence, No. 3500 Independence 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavina Stewart  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 6 16  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
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) Clark Co. |  
(STATE OR COUNTRY) Illinois |

FATHER 13. NAME Joseph Stewart |

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ |  
(STATE OR COUNTRY) Illinois |

MOTHER 15. MAIDEN NAME Mary Washburn

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Pearl Reed  
(ADDRESS) 3500 Independence Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Elmwood DATE 6-3-1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) Kansas City, Mo.

20. FILED 6-3-1938 M. M. Crowe, cor.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1-1938

22. I HEREBY CERTIFY, That I attended deceased from May 23 1938 to June 1 1938  
I last saw him alive on May 31 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis  
121  
Other contributory causes of importance Chronic arteriosclerosis  
Date of onset 5-23-38

Name of operation no 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) Chas. Stinson M. D.  
(Address) 3626 Independence

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**