

REC'D JUN 8 1939

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

17697

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100 1/2 Registered No. 2009
(c) City Kansas City (d) Street No. St. Mary's 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 yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

363 William M. Stewart
(a) Residence, No. 5916 Rehoboth 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 Martha A. Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Rwy
9. Industry or business in which work was done, as saw mill, bank, etc. Exp. Co. official
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 48 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling West Virginia

FATHER 13. NAME Joseph Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Ann Unkenbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Martha A. Stewart
5916 Rehoboth

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kansas DATE May 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. N. Newcomer's Sons
Busherecks & Passes

20. FILED May 19, 1939 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 18, 1939

I last saw him alive on May 18 1939 Death is said to have occurred on the date stated above, at 6:25 P m.

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

Coronary occlusion
9407

Date of onset

June 18

Other contributory causes of importance:

Name of operation none 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? no 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) [Signature]

(Address) 100 1/2 St. Mary's Hospital Bldg. Kansas City, Mo.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

11-30-11
1-4-5

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 _____

Neil Carr

Licensed Embalmer No. _____

3976

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.