

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17848
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. **921 McGee** Registered No. **2250** St.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Sallie Stewart**

(a) Residence, No. **1521 Garfield** 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 **Steve Stewart**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-10-1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 **2** **14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Domestic**
 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) **Arka nsas** /FATHER 13. NAME **Tony Green** /14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas** /MOTHER 15. MAIDEN NAME **Martha Green** /16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas** /17. INFORMANT **Edward Fellows**
(ADDRESS) **1521 Garfield**18. BURIAL, CREMATION, OR REMOVAL **Fer Arkansas Ark** DATE **6-2-39**19. FUNERAL DIRECTOR (NAME) **H. B. Moore**
(ADDRESS) **1820 E. 18th K.C. MO.**20. FILED **May 31, 1939** **m. m. Brown**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-24-1939** 19

22. HEREBY CERTIFY, That I attended deceased from

I last saw him/her alive on **5-24-1939**, 19to have occurred on the date stated above, at **8.25pm**

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

Myocardial Infarction Date of onset**Acute Pulmonary Edema**Other contributory causes of importance: **92D**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) **Russell B. Smith**, M. D.

(Address) _____

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: *H B Wilson*

Licensed Embalmer No. *2410*

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.