

ED JUN 17 1940  
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1863**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution **5 days** (Specify whether  
In this community **20 years** years, months or days)

3. (a) PRINT FULL NAME **ROBERT STEWART** **363**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Lillie M. Stewart** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **Oct. 9, 1866** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>6</b>	<b>3</b>	hr. min.

9. Birthplace **Henry Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Painter**

11. Industry or business

MOTHER FATHER  
12. Name **Unknown**  
18. Birthplace **Kentucky** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Alfred H. Stewart**  
(b) Address **Radtown, Mo. - Gen. Del.**  
17. (a) **Burial** (b) Date thereof **5-5-1940** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mound Grove**  
18. (a) Signature of funeral director **Cate & Speaks**  
(b) Address **Independence, Mo.**  
19. (a) **May 3 1940** (b) **M. B. Brown** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")  
(d) Street No. **1023 Pennsylvania** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st**  
year **1940** hour **11** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **4-26-40**, 19\_\_\_\_, to **5-1-40**, 19\_\_\_\_;  
that I last saw him alive on **5-1-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**  
**Hypertrophic heart disease; chronic**  
**vascular nephritis**

Due to **105**  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **See above**  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Dr. F. De Williams M.D.** (M. D. or other)  
**Supt. K.C. General Hospital, K.C.** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 XISSI

**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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Roland P. Speaks

Licensed Embalmer No.

3604

P. O. Address

Independence, Mo.

**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.**