No. 2
11-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21292

FILED JUL 12 1940

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 698

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 906 Pendleton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 906 Pendleton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Georgianna Stewart 363

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Oliver Stewart

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 25 (Day) '81 (Year)

8. AGE: Years 58 Months 6 Days 4 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework 9

11. Industry or business Private Family 1

FATHER
12. Name George Washington 9
13. Birthplace Unknown (City, town, or county) (Unk) (State or foreign country)

MOTHER
14. Maiden name Louise Wilson
15. Birthplace Unknown (City, town, or county) (Unk) (State or foreign country)

16. (a) Informant Mattie Washington
(b) Address 906 Pendleton

17. (a) Cit Burial (Burial, cremation, or removal) (b) Date thereof 7--1--'40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Graves Funeral Home
(b) Address St. Joseph, Missouri

19. (a) July 1 1940 (Date received local registrar) (b) A. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from June June 19, 1940, to June 29, 1940, that I last saw her alive on June 28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to 82	
Due to	
Other conditions Paralysis General (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
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? (Specify type of place)
85 While at work? (e) Means of injury

23. Signature J. D. Seyton (M. D. or other) MD
Address St. Joseph Mo Date signed 7-1-40

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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