

0. 2
-10-39
7-39
X21492

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3348

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Stansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3148 Campbell 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community About 2 months (Specify whether
years, months or days) Everett Stewart

3. (a) PRINT FULL NAME Everett Stewart

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race colored

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec 30 1886
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>53</u> | <u>4</u> | <u>9</u> | hr. min. |

9. Birthplace Kansas city Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business none

MOTHER FATHER { 12. Name Pearl Stewart

13. Birthplace Lefington mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jones

15. Birthplace Boonville mo
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Stewart

(b) Address 805 Ray Kansas

17. (a) Removal (b) Date thereof 8-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnie Spgs. Kans.

18. (a) Signature of funeral director Amey Anderson

(b) Address 1607 1/2 St. Kansas

19. (a) Aug. 25, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wynandotte

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 805 Ray St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22 - 40
year _____ hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
_____ 19____;

that I last saw _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Edema
Chronic Fibrous Myocardium
Chronic Dilatation of Left Heart

Other conditions (Include pregnancy within 3 months of death) 936

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Amey Anderson (M. D. or other) _____
Address 1607 1/2 St. Kansas Date signed _____

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

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 L. J. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K.C., 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.