

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
133 E Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 133 E Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jennie Buechard Stewart
3. (b) If veteran, > name war _____
3. (c) Social Security No. >

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marrett Stewart
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Nov. 6 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Greenville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife 9

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Bryan Stewart

(b) Address 635 N. Delaware

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

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director W. L. Mitchell

(b) Address Independence Mo

19. (a) 10-23-40 (b) W. L. Cook
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1940 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 23
Dec 30 1933, to Oct 23 1940;
that I last saw her alive on Oct 23 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 1/2 hr
Duration

Due to hypertension & hy pertension 7 yrs
Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: _____
Of operations _____

Of autopsy _____

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?
360

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

23. Signature W. L. Cook (M. D. or other) MD
Address Independence Mo Date signed Oct 23-40

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

588
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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 Henry S. Mitchell
Licensed Embalmer No. 3975
P. O. Address Indep. 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.