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.

FILED JUN 10 1941

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

17125 41
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1787
(c) City Kansas City — (d) Street No. St. Vincent's Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Joseph Roy Stewart
(a) Residence, No. 703 Belmont Avenue St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th, 1941
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or 5 min.

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. ✓
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) Kansas City, Missouri

FATHER
13. NAME Joseph D. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

MOTHER
15. MAIDEN NAME Louise R. Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) Mr. Joseph D. Stewart 703 Belmont Avenue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem DATE May 5th, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer's Sons 1401 Brush Creek Blvd.
20. FILED May 5, 1941 M. M. Crowe
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1941
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1941, to May 4, 1941
I last saw him alive on May 4, 1941. Death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Large Thymus | |
| 64 | |

Other contributory causes of importance: 64

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) Eugene Carbaugh M. D.
(Address) Bryant Bldg

(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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KCMO

**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.**