. S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24002

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2541

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4431 Wayne ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4431 Wayne ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Arthur James Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Agnes Stewart

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 30 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	1	4	hr. min.

9. Birthplace Brocton (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Marion Stewart
13. Birthplace (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Nancy Bell Moore
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mary Agnes Stewart
(b) Address 4431 Wayne ST. K.C. MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Newkirk Oklahoma

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 7-5-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1941 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 6, 1938, to July 4, 1941;
that I last saw him alive on July 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemaplegia
Cerebral Hemorrhage

Due to do not know

Due to 131 131 [illegible]

Other conditions Chronic Nephritis interstitial 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature James W. Graham (M. D. or other) D
Address 518 Argyle Bldg. City Date signed July 4-41

(Licensed Embalmer's Statement on Reverse Side)

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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.....

....., Registered Apprentice No. 267,

working under my personal supervision.

Signed J. H. Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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, fact should be so stated above.