

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24040**
Registrar's No. **2579**

FILED AUG 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days**
10 Yrs. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **121 North White**
Formerly 3441 Bales (If rural, give location)
(e) Citizen of foreign country? **(Lately Centerville, Mo.)**
If yes, name country **0**

3. (a) PRINT FULL NAME **Mr. John A. Stewart**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **487-10-6531**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **7** year **1941** hour **3:00** minute **PM**
21. I hereby certify that I attended the deceased from **June 26, 1941** to **July 7, 1941** that I last saw him alive on **July 7, 1941** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Alice M. Stewart** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased: **June 3, 1882**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**
Due to **Bilateral Pyelo nephritis**
Due to **Fracture 8-9-10 dorsal vertebrae**

8. AGE: Years Months Days If less than one day
59 **1** **4** hr. min.

Other conditions (include pregnancy within 3 months of death) **18 to 190**
Major findings: Of operations **18 to 190**
Of autopsy **Pneumonia advanced bilateral**
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Stock Dealer**
11. Industry or business **Formerly K. C. Stock Yards**

MOTHER FATHER { 12. Name **Gilbert Stewart**
13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie Pettigrew**
15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice M. Stewart**
(b) Address **Mrs. 121 North White Ave.**

17. (a) **Burial** (b) Date thereof **July 9, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-8-41** (b) **m m. Torone**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **fall from ladder packing berries**
(b) Date of occurrence **about June 17-41**
(c) Where did injury occur? **was working in farm**
(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) (a) Means of injury
23. Signature **R. C. [unclear]** (a) or other **D**
Address **1019 [unclear]** Date signed **7/8/41**

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. P. Lee Hoffman
Professional 13
1230-4PM

Stewart

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..... *George M. Collier*
Licensed Embalmer No. *3839*
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, fact should be so stated above.