

2  
-41  
39  
20390

**FILED AUG 16 1941**

Registration District No. 399

Primary Registration District No. 1002

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:  
1934 Ewing St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community life (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. 1934 Ewing St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas W. Stewart

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race wh

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

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

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

7. Birth date of deceased Feb 19, 1879  
(Month) (Day) (Year)

8. AGE:

Years 62 Months 4 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Balinor, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Cartaker

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant D.C. Stewart, Mo.

(b) Address 1402 Ewing St. Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof July 16-41  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director Gato & Speaks

(b) Address Independence, Mo.

19. (a) July 15 1941  
(Date received local registrar)

(b) M. M. Crow  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 41  
hour \_\_\_\_\_ minute 345 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him \_\_\_\_\_ on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Coronary Myocardium  
Due to Chronic Myocardial Degeneration  
Coronary Sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Russell J. Crow (M. D. or other) \_\_\_\_\_  
Address KCMO Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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 me

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

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address. Independence

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**