

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:
2043 East Gregory Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 yrs
(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. 2043 East Gregory Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Mary Lee Stewart

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Browning N. Stewart
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: January 19 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>21</u>	hr. <u>---</u> min. <u>---</u>

9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER {
12. Name Dr. J. W. Stewart
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 Mrs. R. J. Hagemeier
(b) Address 2043 East Gregory Blvd

17. (a) Removal (b) Date thereof Sept. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urich, Missouri

18. (a) Signature of funeral director H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd

19. (a) 9/10/41 (b) M. D. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9-7-41, 19--- to 9-9-41, 19---
that I last saw her alive on 9-8-41, 19---
and that death occurred on the date and hour stated above.

Immediate cause of death:
Rupture of the Heart
Myocardial Infarction
Coronary Occlusion
Due to: ---
Due to: ---
Other conditions (Include pregnancy within 3 months of death): ---

Duration

Major findings:
Of operations: ---
Of autopsy: ---

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 W. S. Kelly (M. D. or other) ---
Address --- Date signed ---

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.....

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

Signed *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.