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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14504

State File No.

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 55

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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 Little Rabbit Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Oak Grove Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ mi West
(If rural, give location)

(e) Citizen of foreign country? ~~yes~~ no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Addie L. Steward

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward M. Steward

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct (Month) 31 (Day) 1869 (Year)

8. AGE: Years 73 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Jefferson County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Albert L. Pearsall
13. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Catherine Brown.
15. Birthplace — (City, town, or county) Penn (State or foreign country)

16. (a) Informant Edward M Steward

(b) Address Oak Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Republic

(b) Address Blue Springs Mo

19. (a) April 28, 1943 (Date received local registrar) (b) F. M. Schichtl by Elsie Schichtl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1943 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 18th, 1943, to April 23, 1943 that I last saw her alive on 4/23 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma	17 yrs
Due to: left breast	
Due to: U. lung	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

50

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 F. B. Dailey (M. D. or other)

Address Jackson Co. Emg. Hosp. Date signed 4/24/43

1162 (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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.