

Registration District No. 19

Primary Registration District No. 1002

Registrar's No.

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-28-43-9-6-43
(Specify whether
In this community 11 years
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. 2308 E. 17
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT STEWART

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula Stewart 6. (c) Age of husband or wife if alive unmarried
7. Birth date of deceased August 25 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 12-11 If less than one day
hr. min.

9. Birthplace Shreveport Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Robert Stewart
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Power
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 Tracy

19. (a) 9-10-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1943 hour 9:45 minute a. M.

21. I hereby certify that I attended the deceased from August 28, 1943, to September 6, 1943;
that I last saw him alive on September 6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Chronic Nephritis

Due to 1318

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) Means of injury

23. Signature J. C. Brown (M. D. or other)
Address Gen. Hosp # 600 E. 22 Date signed 9-9-43

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *[Handwritten Signature]*

Licensed Embalmer No. *1271*

P. O. Address. *St. Louis, 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.