S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37519
4615

Registration District No. 149 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: 0 General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 33 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48

(a) State Missouri (b) County Jackson 2
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1522 Lydia Apt. 30
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARIE STEWART

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

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Walter Branch
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased August 27, 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 21 Days 29 If less than one day hr. min.

9. Birthplace Hope, Arkansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Maid
11. Industry or business
FATHER
12. Name Gus Stewart
13. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sallie Clark
15. Birthplace Hope, Arkansas 1
(City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) burial (b) Date thereof 10/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemet.
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 10-30-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature) Dep.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 26
year 1943 hour 10: minute 45 P. M.
21. I hereby certify that I attended the deceased from 10-25-43
, 19 , to 10-26-43 , 19 ;
that I last saw her alive on Oct. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Carcinoma of Bladder
Due to
Other conditions 52 lb
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 H. C. Duncan (M. D. or other) M.d.
Address General Hosp. #2 Date signed 10-28-43

(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 D. C. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**