No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38403

State File No.

FILED NOV 18 1943

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Rural (Washington tp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 120th Truman Road,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Grandview (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 120th Truman Road
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Oneska Mae Stewart

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Lewis Stewart

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

7. Birth date of deceased June (Month) 16 (Day) 1879 (Year)

8. AGE: Years 64 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name James M. Spurlock,
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdora Adams,
15. Birthplace Indiana, (City, town, or county) (State or foreign country)

16. (a) Informant John Lewis Stewart,
(b) Address 120th Truman Road, Jackson Co., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation AMSTERDAM, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov 6-43 (Date received local registrar) (b) Dr Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1943 hour 6:30 minute p M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Drowning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & History

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) Suicide

(b) Date of occurrence 11/3/43

(c) Where did injury occur? Rural (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? No (e) Means of injury Drowning

23. Signature C. E. Ussher (M. D. or other) M. D.

Address 28 McCoy Date signed 11/4/43

113 L (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 John H. Hurley

Licensed Embalmer No. 4058

P. O. Address Kansas City

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.