

FILED JAN 15 1944 46

Primary Registration District No. 5568

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Jackson County  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1200 W. 27th Indep Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none (Specify whether  
 In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Rural Route #5 Indep Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1200 W. 27th Indep Mo (Rural)  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Dennis Stewart

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 16 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 19 11 hr. 45 min.

9. Birthplace Capeville Harris Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business Farmer

12. Name John W. Stewart

13. Birthplace New Lexington Kentucky Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Elizabeth Fowler

15. Birthplace New Lexington Kentucky Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. D. Bader

(b) Address 1200 W. 27th

17. (a) Removed (b) Date thereof 12-30-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director Martin W. Frye

(b) Address Olathe, Kansas

19. (a) 12-30-43 (b) James W. Ross  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1943 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov. 28 1943 to Dec 28 1943.  
 that I last saw him alive on Dec 28 1943.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature L. Raymond Hill (M. D. or other) D. O.  
 Address 2603 Industrial Blvd. Pk. C. Mo Date signed 12-30-43

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**