

FILED JAN 10 1944

Registration District No. 179

Primary Registration District No. 1002

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years
(Specify whether
In this community 35 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. 5331 Highland Ave. K.V.K.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julia Ann Steward

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Charels Steward
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Work

11. Industry or business _____

12. Name Velient

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Spicer

(b) Address 2716 North 8th. St. K.C.K.

17. (a) Removal (b) Date thereof Dec. 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director John A. Butler's Sons

(b) Address 22 South 8th. St. K.C.K.

19. (a) Dec 30 1943 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1943, to December 28th, 1943,
that I last saw her alive on December 28th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 days

Due to Coronary occlusion 1 day

Due to _____ 94a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy am

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 John T. Skinner (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 12-29-43

J. E. M. D.

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

2
42
-39
32873

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.....

Lowell

Licensed Embalmer No.

Mo 3426

P. O. Address.

Kansas City, Kans.

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.