No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17199

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2196

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hr. 30 min (Specify whether
In this community unk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 523 Grand Ave. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert E. Stewart

3. (b) If veteran, name war none

3. (c) Social Security No. 265-10-6318

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Do not Know 9

6. (b) Name of husband or wife unk

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

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Do not Know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Do not Know

11. Industry or business ----------

FATHER
12. Name ----------
13. Birthplace ---------- (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ----------
15. Birthplace ---------- (City, town, or county) 9 (State or foreign country)

16. (a) Informant Coroner Office
(b) Address Kansas City Mo.

17. (a) School (Burial, cremation, or removal) (b) Date thereof May 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation School K C Dental College

18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo.

19. (a) 5-20-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1944 hour 6 minute 47 p.M.

21. I hereby certify that I attended the deceased from Deputy, 19 to 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 Coronary sclerosis
Myocardial fibrosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 940

Major findings:
Of operations
Of autopsy Insection & 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)
(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 A. E. Ussher (M. D. or other) MD
Address 23 rd & McCoy Date signed 5/14/44

(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 Park G Rowe

Licensed Embalmer No. 9347

P. O. Address KC 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.