

FILED OCT 29 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. **4321**

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

48
3
8

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:
1212 EAST-41ST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 YEARS years, months or days)

3. (a) PRINT FULL NAME MR CLEM BERT STEWART

3. (b) If veteran, name war NO 3. (c) Social Security No. 500-03-5745

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS MYRTLE STEWART 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL 2 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 17 hr. min.

9. Birthplace JOHNSON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MOTION PICTURE OPERATOR

11. Industry or business SUMMIT THEATRE

MOTHER FATHER

12. Name LINCOLN STEWART

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

14. Maiden name ALZENA THOMPSON

15. Birthplace JOHNSON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Stewart

(b) Address 1212 E 41st

17. (a) BURIAL (b) Date thereof OCT-23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MJ MORIAH CEMETERY

18. (a) Signature of funeral director J. H. Newcomer

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 10-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1212 EAST-41ST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 19TH
year 1945 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from before, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary sclerosis
Due to arteriosclerosis

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

Major findings: 94a
Of operations _____
Of autopsy no
pharynx & pyelitis

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 J. H. Newcomer (M. D. or other) _____
Address 1424 M. Blyd Date signed 10-19-45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Emile M. Calhoun*

Licensed Embalmer No..... *3506*

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.