

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1801
Registrar's No. 259

FILED JAN 31 1946

Registration District No. _____ 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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days) 3 yrs

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. 1510 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Stuart
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1946 hour 5 minute 50 A.M.

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 28 1945 to Jan. 16 1946; that I last saw him alive on Jan. 16 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease
Due to _____
Due to _____

8. AGE: Years app. 88 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

10. Usual occupation Retired

Of autopsy: _____
Underline the cause to which death should be charged statistically.

11. Industry or business FAY MER
12. Name Deceased
13. Birthplace UNK.
14. Maiden name UNK.
15. Birthplace UNK.

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

16. (a) Informant Leonard Stuart
(b) Address 1510 WYANDOTTE

23. Signature: Clark W. Seely
Address: Med. Dir. Gen'l Hosp. Date signed: 1-16-46

17. (a) BURIAL (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CRAIG'S PASS No.

18. (a) Signature of funeral director John P. Scheil
(b) Address 6606 Independence Ave.
19. (a) 1-16-46 (b) Heralline Holmes
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1275
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H. ...

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 P. Shield*

Licensed Embalmer No. *3625-*

P. O. Address *K E 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.