

9709

State File No. **9709**
 Registrar's No. **1159**

FILED MAR 18 1946

Registration District No. 147 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: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 weeks
(Specify whether years, months or days)
 In this community 28 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. 8008 Chestnut Rural
(If rural, give location)
 (e) Citizen of foreign country? 1
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE W. STEWART
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex M. O 5. Color or race W.
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Sarah Williams
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased May 28 1890
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Wright Co Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business
 12. Name Joseph Stewart
 13. Birthplace Mo Record
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Crabtree
 15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Elva Stewart
 (b) Address 2034 Oakley
 17. (a) Personal
(Burial, cremation, or removal) (b) Date of death 3-8-46
(Month) (Day) (Year)
 (c) Place: burial or cremation M.S. Guide Mo

18. (a) Signature of funeral director John P. Shiel
 (b) Address Kansas City Mo
 19. (a) 3-8-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 7
 year 46 hour 7 minute 25A M.
 21. I hereby certify that I attended the deceased from 3-1-46
 to 3-7-46
 that I last saw him alive on 3-7-46
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia
 Due to Following Surgery - Colostomy
 Due to Carcinoma of Rectum
 Other conditions 468
(Include pregnancy within 3 months of death)
 Major findings: No Metastasis
Of operations
Urinary Adenocarcinoma of Rectum
 Of autopsy _____

Duration 2 days
5 days
10 Mo
PHYSICIAN
 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 name of place)
 Means of injury 200
 23. Signature Wm Thompson
(M. D. or other)
 Address 3810 E 27, K.C. Mo Date signed 3-7-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 8635

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.