

S. No. 2  
M-5-43  
5-17-39  
I X36675

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH**

16857  
State File No. \_\_\_\_\_  
Registrar's No. **2036**

Registration District No. **149** 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: **4505 Agnes**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **XX**  
**2 years** (Specify whether 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. **4505 Agnes**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. MARY EMMA STEWART**  
(b) If veteran, name war **XX**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **2nd**  
year **1946** hour **11:** minute **13 P. M.**  
21. I hereby certify that I attended the deceased from **4-14** 19**46** to **5-2** 19**46**  
that I last saw h. **Eq** alive on **5-2** 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Fe** / 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced. **Widowed**  
6. (b) Name of husband or wife **B. F. Stewart**  
6. (c) Age of husband or wife if alive **XX** years  
7. Birth date of deceased **March 19 1860**  
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arterio Sclerosis**  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**86 1 13** hr. min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **468**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Sterling Illinois**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_  
12. Name **Herman Locke**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Beulah Gould**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **May Etherton**  
(b) Address **4505 Agnes**  
17. (a) **Burial** (b) Date thereof **5-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Trenton, Mo.**

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) (e) Means of injury **0**  
23. Signature **J. E. Boel** (M. D. or other) \_\_\_\_\_  
Address **1102 E 47** Date signed **5/9/46**

18. (a) Signature of funeral director **J. W. Wagner**  
**Kansas City, Mo.**  
(b) Address \_\_\_\_\_  
19. (a) **5-3-46** (b) **St. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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

15700

1102.8 477K  
LO 3102

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**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..... *Cecil R. Matthes* .....

Licensed Embalmer No. *3807* .....

P. O. Address..... *Kansas City, 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.**