

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JUN 3 1946
Registration District No. **147**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15745

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **1524 Holmes St Holmes Park**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **unknown** (Specify whether years, months or days)

In this community **unknown**

3. (a) PRINT FULL NAME **Robert Stewart**

3. (b) If veteran, name war **Do not know**

3. (c) Social Security No. **Do not know**

4. Sex **M**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Do not know**

6. (b) Name of husband or wife

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

7. Birth date of deceased **1891**
(Month) (Day) (Year)

8. AGE: Years 55	Months	Days	If less than one day hr. min.
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9. Birthplace **Do not know** (City, town, or county) (State or foreign country)

10. Usual occupation **Do not know**

11. Industry or business

12. Name **Do not know**

13. Birthplace **Do not know** (City, town, or county) (State or foreign country)

14. Maiden name **Do not know**

15. Birthplace **Do not know** (City, town, or county) (State or foreign country)

16. (a) Informant **Carson office**

(b) Address **12 C Mrs**

17. (a) **School** (Burial, cremation, or removal)

(b) Date thereof **May 22-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Dental College**

18. (a) Signature of funeral director **Parmiter**

(b) Address **12 C Mrs**

19. (a) **5-22-46** (Date received local registrar)

(b) **Sheraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **unknown**

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1946** hour **8** minute **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	Duration
Due to coronary sclerosis	
Due to _____	

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings:
Of operations: _____

Of autopsy **no**
Hestry & Inspect

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 **5**

Signature **J. J. J.** (M. D. or other)

Address **1424 My St**

Date signed **5-21-46**

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..... *J. S. Walters*

Licensed Embalmer No. *2744*

P. O. Address..... *K. C. 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.