

FILED MAR 3 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Wagoner
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 yrs 0 mos 24
 In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
 (c) City or town St. Joseph Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1927 No 18 St St Joseph Mo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Cora Stewart

3. (b) If veteran, name war no

3. (c) Social Security No. 1111

5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. Lewis
 6. (c) Age of husband or wife if alive not state years

7. Birth date of deceased: 29 November 1878
 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 20
 If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER
 { 12. Name B. J. Walker
 { 13. Birthplace Wagoner, Mo
 { 14. Maiden name Mary E. Street
 { 15. Birthplace Wagoner, Mo

16. (a) Informant Wm. H. Adams
 (b) Address 1240 5th St St Joseph

17. (a) Burial (b) Date thereof 2/24/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Heaton Burdman
 (b) Address St. Joseph, Mo

19. (a) 2-26-47 (b) R. E. Jenkins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 1945
 year 1947 hour 4 minute 19 M.

21. I hereby certify that I attended the deceased from Jan 18 1947 to Feb 19 1947
 that I last saw h... alive on Feb 18 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis Duration 17 yrs
Myocarditis

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 2

Major findings: Of operations 30 2

Of autopsy _____

Underline 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 type of place) (e) Means of injury 0

23. Signature R. E. Jenkins (M. D. or other) _____
 Address State Hospital # 2 Date signed 7/9 1947

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

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 Eugene Wood
Licensed Embalmer No. 3807
P. O. Address 319 S. 10th St. Joseph, 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.