

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13692  
State File No.  
1644  
Registrar's No.

FILED APR 23 1947  
Registration District No. 789

Primary Registration District No. 1002

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

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 13 days  
(Specify whether  
In this community 20 YEARS  
years, months or days)

3. (a) PRINT FULL NAME Frank Stuart  
3. (b) If veteran, name war No  
3. (c) Social Security No. 510-07-5448

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. LOTTIE M. STUART  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased NOVEMBER 12 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 23 If less than one day  
hr. min.

9. Birthplace DENVER COLORADO  
(City, town, or county) (State or foreign country)

10. Usual occupation STORE KEEPER

11. Industry or business SINCLAIR REFINING COMPANY

12. Name JOHN R. STUART

13. Birthplace WILLOW SPRINGS MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET E. WILLIAMS

15. Birthplace ALTON ILLINOIS  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LOTTIE M. STUART

(b) Address 3943 VIRGINIA AVENUE

17. (a) BURIAL (b) Date thereof APRIL 10 1947  
(Burial, cremation, or removal) MEMORIAL PARK CEMETERY

(c) Place: burial or cremation KANSAS CITY, KANSAS

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-10-47 (b) Sheldine Holman  
(Date received local registrar) (Registrar's signature)

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. 3343 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7  
year 1947 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from  
March 25 1947 to April 7 1947  
that I last saw him alive on April 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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

23. Signature Wm W. Hart (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 4-8-47

*Dr. King*

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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 *D. N. Springer*

Licensed Embalmer No. *3938*

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.**