

Registration District No. 174 Primary Registration District No. 3035

1. PLACE OF DEATH
(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: 275 S. West Blvd 1
(d) Length of stay: In hospital or institution 70 yrs
In this community years, months or days

3. (a) PRINT FULL NAME FANNIE S. STEWART
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leo W. Stewart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 17 1867

8. AGE: Years 79 Months 11 Days 21
If less than one day hr. min.

9. Birthplace Saline Co Mo

10. Usual occupation

11. Industry or business at home

12. Name John Spears
13. Birthplace Va
14. Maiden name Sue McDowell
15. Birthplace Va

16. (a) Informant J. Spears Stewart

(b) Address Lexington Mo
17. (a) Burial (b) Date thereof 3-10-47

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Ernest Gale

(b) Address Lexington Mo

19. (a) 10 April 47 (b) Missouri Seal

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Lexington
(d) Street No. 275 S. West Blvd
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1947 hour 6 minute 9 M.
21. I hereby certify that I attended the deceased from February 21st
1947, to March 8 1947;
that I last saw her alive on March 8 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis and Angina Pectoris

Due to Myocardial Degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 Betty H. Slaughter

Address Lexington, Missouri Date signed 3/10/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-23-47

APR 27 1947

FEB 26 1953

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

working under my personal supervision.

Registered Apprentice No.

Signed

L. M. Kean

Licensed Embalmer No.

29839

P. O. Address

Flemington, 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.