

S. No. 2  
 M-5-43  
 v. 5-17-39  
 I X36671

FILED SEP 29 1947  
 Registration District No. **149**

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:  
**1417 Harrison**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **38 years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1417 Harrison** **8**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

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

3. (b) If veteran, name war **No** 3. (c) Social Security No. **702-18-4074**

4. Sex **Male** 2, 5. Color or race **Col**  
 6. (a) Single, widowed, married, divorced **Mar.**  
 6. (b) Name of husband or wife **Willie B. Stewart**  
 6. (c) Age of husband or wife if alive **42** years  
 7. Birth date of deceased **Jan. 4 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>8</b>	<b>11</b>	hr. _____ min.

9. Birthplace **Chestnut Mound, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
 12. Name **Anthony Stewart** **9**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mayner**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie B. Stewart**

(b) Address **1417 Harrison**

17. (a) Burial **Burial** (b) Date thereof **9/18/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **West, Appleton & Jones**

(b) Address **1905 Vine St**

19. (a) **9-16-47** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept** day **15** year **1947** hour **one** minute **45 P.**

21. I hereby certify that I attended the deceased from **May 12** 19**47** to **Sept 15** 19**47**  
 that I last saw him alive on **Sept 15** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis**  
 Duration **4 months**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Arterio Sclerosis** **2 yrs.**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **1310**  
 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 \_\_\_\_\_

23. Signature **D.M. Miller** (M. D. or other) \_\_\_\_\_

Address **1816 2nd Ave. N.W. Mo.** Date signed **9-16-47**

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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.....

Licensed Embalmer No. *7710*

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.**