. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38444

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4604

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 Years
years, months or days)

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. 1115 Lydia Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louvenia Alice Stewart
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Wallace Stewart
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased February 16, 1922 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	8	15	hr. min.

9. Birthplace Mexia (City, town, or county) Texas (State or foreign country) 1
10. Usual occupation Laundress
11. Industry or business
FATHER
12. Name Hurd
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Rhodia Carpenter
15. Birthplace Mexia, Texas (City, town, or county) (State or foreign country) 1
16. (a) Informant Wallace Stewart
(b) Address 1115 Lydia Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mexia, Texas
18. (a) Signature of funeral director Nathaniel Bros.
(b) Address 1729 Lydia Ave.
19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Oct 18, 1947, to Oct 31, 1947; that I last saw her alive on Oct 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Due to
Due to Fibroidectomy
Other conditions Fibroid of uterus
(Include pregnancy within 3 months of death)
Major findings:
Of operations 56 b
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. W. Brown (M. D. or other)
Address 1705 E 12 Date signed Nov 1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.