V. S. No. 2
0M—1/47
Rev. 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. 38448

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4729

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: 624 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 30 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. 624 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME ROSA EDITH STUART
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. LOUIS C. STUART
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased DEC. (Month) 25 (Day) 1868 (Year)

8. AGE: Years 78 Months 10 Days ~~25~~ 15 If less than one day ..... hr. ..... min.

9. Birthplace COOK COUNTY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business HOUSEWIFE
FATHER
12. Name PHINEAS HOUSHOLDER
13. Birthplace WAYNE CO. INDIANA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name EMILY PERRY
15. Birthplace COOK CO. ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Louis C. Stuart
(b) Address 624 Virginia
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10th year 1947 hour 10 minute 3 m. M.

21. I hereby certify that I attended the deceased from July 23, 1947, to Nov. 9, 1947, that I last saw her alive on Nov. 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated myocarditis — Duration 2 wks
Due to Essential hypertension — 1 yr
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 J. J. Cook (M. D. or other) DO
Address 59 02 St. John Date signed 11/11/47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5902 St. John Avenue

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.