

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42063
Registrar's No. 383

Registration District No. 146 Primary Registration District No. 5568

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution Rural Blue
Residence, 525 S. Ash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years
In this community 37 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
525 S. Ash
(If outside city or town limits, write "RURAL")
(d) Street No. no
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT MR. DAVID C. STUART
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19
year 1947 hour 9:35 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie L. Stuart 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec. 26, 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
Due to _____
Due to _____
Other conditions (Include those appearing within 3 months of death) gyp
Deputy Coroner
Major findings: Of operations _____
Of autopsy See Above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
69 11 23 _____ hr. _____ min.

9. Birthplace Topeka, Kansas.
(City, town, or county) (State or foreign country)
10. Usual occupation laborer

11. Industry or business _____
12. Name Alexander Stuart
13. Birthplace unknown, N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Livingood
15. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie L. Stuart
(b) Address 525 S. Ash Kansas City 3, Mo
17. (a) burial (b) Date thereof 12-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director D. E. Upsher
(b) Address Independence Mo.

19. (a) 12-22-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 A. E. Upsher (M. D. or D. O.)
Address 2800 Main 12/19/47

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

MOTHER FATHER

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.....

William H. Schlander

Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.