

S. No. 2  
1-1/47  
5-17-39

National Office of Vital Statistics  
**FILED MAR 20 1948**  
Registration District No. **177**

Primary Registration District No. **1002**

48  
3  
8

WRITE PLAINLY—USING 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: **General Hospital #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **few minutes**  
(Specify whether years, months or days)

In this community **35 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1616 Paseo**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

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

3. (b) If veteran, name war **No**

3. (c) Social Security No. **496-01-7860**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Julius Stewart**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 17, 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>5</b>	<b>9</b>	.....hr. ....min.

9. Birthplace **Sulphur Springs, Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

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

MOTHER FATHER { 12. Name **William Warren**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Goudeau**

(b) Address **1616 Paseo**

17. (a) **Burial** (b) Date thereof **3/4/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Johnnie Brad**

(b) Address **1729 Lydia Ave**

19. (a) **3-1-48** (b) **M. E. Holme**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **26**  
year **1948** hour **12** minute **55** A.M.

21. I hereby certify that I attended the deceased from **Respiratory** to **Coronary** 19\_\_\_\_  
that I last saw him **alive** on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**  
**Hypertensive Heart Disease**  
**Acute Alcoholism**

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **932**

Of autopsy **no - permit**

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 **W.C.**

23. Signature **W. E. Williams** (M. D. or other) **W.C.**

Address **2656 Brooklyne** Date signed \_\_\_\_\_

2-27-48

**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.....

*L. Jerome Malone*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.