

S. No. 2  
12-45  
5-7-39  
PK47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16538**  
Registrar's No. **2037**

FILED MAY 22 1948

Registration District No. **149**

Primary Registration District No. **1002**

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: **ST. JOSEPH HOSP.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether  
In this community **3 DAYS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **LIVINGSTON**  
(c) City or town **CHILLICOTHE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **NO**

3. (a) PRINT FULL NAME **MRS. ANABEL STEWART**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **F** / 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MR. R. JAMES STEWART**  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **JAN. 29 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **11** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOME**

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

MOTHER FATHER { 12. Name **GEORGE BARNETT**  
13. Birthplace **VERMONT**  
(City, town, or county) (State or foreign country)  
14. Maiden name **TELITHA EMERY**  
15. Birthplace **MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. R. JAMES STEWART**  
(b) Address **CHILLICOTHE, MO.**  
17. (a) **REMOVAL** (b) Date thereof **5-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CHILLICOTHE, MO.**

18. (a) Signature of funeral director **STINE & MCCLURE**  
(b) Address **KANSAS CITY, MO.**

19. (a) **5-12-48** (b) *Steraldine Holmes*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **110**  
year **1948** hour **10** minute **45** P. M.

21. I hereby certify that I attended the deceased from **May 7 48** to **May 10 19 48**  
that I last saw her alive on **May 10 19 48**  
and that death occurred on the date and hour stated above  
Immediate cause of death **Uremic Coma** Duration **3 days**

Due to **Cerebral artery Failure & stroke**

Due to **Arteriosclerotic Heart Disease** years  
Other conditions **Diabetes Mel.** years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **61**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature *Steraldine Holmes* (M. D. or other) **MD**  
Address **306 E 12** Date signed **5-12-48**

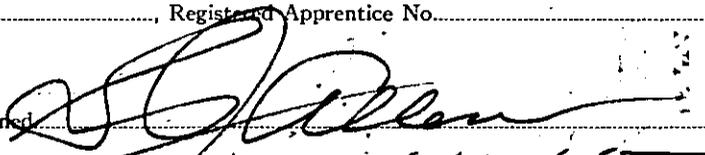
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. Parker  
520 - Cambridge  
Mass. P. M.

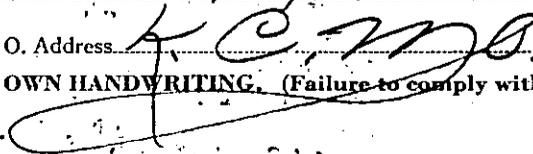
STATEMENT BY LICENSED EMBALMER

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. 1415

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.