

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37651**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5570** Registrar's No. **388**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Sibley)	c. LENGTH OF STAY (in this place) township) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Marie	c. (Last) Stewart	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9 1949
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19. 1944	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 10 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Liberty, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jesse L. Stewart	13b. MOTHER'S MAIDEN NAME Sylvia Nichols	14. NAME OF HUSBAND OR WIFE X X X X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Jesse L. Stewart	ADDRESS Sibley, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E9366 22
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by strangulation		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Town of Sibley, Jackson, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-9-49 130P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR by a fall
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22. I hereby certify that I attended the deceased from _____, 19____, to **Nov. 9. 1949**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. A. Quinn Corwin	23b. ADDRESS 1034 Park Blvd	23c. DATE SIGNED Nov. 10. 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 11. 49	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem.	24d. LOCATION (City, town, or county) (State) Buckner Missouri
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DATE REC'D BY LOCAL REG. OV. 11 49	REGISTRAR'S SIGNATURE Jesse L. Stewart	25. FUNERAL DIRECTOR'S SIGNATURE V. M. Reppert	ADDRESS Buckner Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 RECD

A PERM/

NOV 25 1911

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Ralph Jones
Licensed Embalmer No. 4604
P. O. Address Buckner Missouri

Signed.....
Student Embalmer

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.