

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37264**
4956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) Unk.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 806 Independence Avenue	
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3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HARVEY c. (Last) STEWART	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 15 1950
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5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	8. DATE OF BIRTH NOT KNOWN	9. AGE (In years last birthday) App. 80 IF UNDER 1 YEAR Months Days 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) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSTON COUNTY, TEXAS /	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME CALDONIA RICKETTS	14. NAME OF HUSBAND OR WIFE PAULINE STEWART
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Hosp. Records	ADDRESS Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) BENIGN NODULAR PROSTATIC HYPERTROPHY		
	ANTECEDENT CAUSES DUE TO (b) HYPERTROPHY & DILATATION OF BLADDER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS ASCENDING PYELONEPHROSIS WITH MULTIPLE KIDNEY ASCITES		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-11-50, 1950, to 11-15, 1950 that I last saw the deceased alive on 11-15, 1950, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE S. Frank	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/50	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 11-24-50	REGISTRAR'S SIGNATURE Teraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Walter Ross	ADDRESS 1729 Lydia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Jerome Manlove

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P., O. Address *2543 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.