

FILED JUL 11 1944

Registration District No. 3014

Primary Registration District No. 3014

State File No. 55

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Liberty
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 79 years (Specify whether years, months or days)
In this community 79 years

3. (a) PRINT FULL NAME

JULIA STEWART

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Ben Stewart 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May 1865 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days — If less than one day hr. min.

9. Birthplace Liberty Mo. (City, town or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name Alfred Alexander

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

14. Maiden name Catherine Thompson

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

16. (a) Informant Harry Stewart

(b) Address Ex. 4600 Springs Mo

17. (a) (Burial, cremation, or removal) Burial (b) Date of burial June 7-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Church & Archd Co

(b) Address Liberty Mo

19. (a) June 7-1944 (b) Heleah Early (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Liberty
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. 214 W. Main (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 31 1944 to June 4 1944
that I last saw him alive on June 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis from Cerebral Hemorrhage

Due to General Arteriosclerosis 10 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a

Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Burton Matthey (M. D. or other) M.D.

Address Liberty Mo Date signed 6-6-44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-10-47

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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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.