FILED SEP 5 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27692
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township or (c) City K. C. Mo. Primary Registration District No. 1002 Registered No. 3326
(d) Street No. North East Hospital - 620 Bennington
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 63 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. J. D. Maude Stewart
(a) Residence, No. Caines Ville Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1877
7. AGE: Years 63 Months 3 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blythedale, Mo.

FATHER
13. NAME Robert Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eaglesville, Mo.

MOTHER
15. MAIDEN NAME Laura Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eaglesville, Mo.

17. INFORMANT (ADDRESS) Hospital Records K. C. Mo.
18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Olathe, Ks. DATE 8-22 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Martin W. Tripp Olathe, Kansas.
20. FILED Aug. 22, 1940 M. M. Craine Local Registrar. 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1940 to Aug. 22, 1940
I last saw her alive on Aug. 22 1940 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis with secondary abscess in pelvis (Not Gonococcus)	8/19/40

Other contributory causes of importance: Prolapsed uterus for about 10 years

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Edward Rice D.O. M.D.
(Address) 620 Bennington

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.