No. 2
-13-40
17-39
X23159

FILED FEB 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1229

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 189

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

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. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 1 Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County 17
(c) City or town Bosworth, 0
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Miss Floy Stewart,
3. (b) If veteran, name war no.
3. (c) Social Security No. 486-09-4156
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, 0 divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 26 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	10	16	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Stenographer,
11. Industry or business
FATHER
12. Name W. O. Stewart
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Turlo
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Uriel Racos
(b) Address Bosworth, Mo.
17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 1-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bosworth, Mo.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Jan 13 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th, year 1941 hour 3:44 minute P M.
21. I hereby certify that I attended the deceased from Sept 24 1940, to Jan 12 1940 that I last saw her alive on Jan 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	4 da
General Carcinomatosis	
Due to Carcinoma of Sigmoid	5 mo
Due to	
Other conditions Perforation of Sigmoid with abscess (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy not done

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature F C Lathe (M. D. ~~or other~~)
Address 624 Professional Bld, Date signed Jan 13-41

(Licensed Embalmer's Statement on Reverse Side)

mc

Dr. Lamar
Proff Bldg.
v. 4 #2 6
Lancy Tiwe
JUN 23 1948

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 E. M. Ploick

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

If this body is not embalmed, fact should be so stated above.