

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:  
 (a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2216 1/2 DEWEY  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 20 YEARS  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County BUCHANAN  
 (c) City or town ST JOSEPH  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2216 1/2 DEWEY  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT HENRY STEWART  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

4. Sex male 5. Color of race Wh  
 6. (a) Single, widowed, married, divorced Wed  
 6. (b) Name of husband or wife Myrtle Joseph Stewart  
 6. (c) Age of husband or wife if alive 18 1/2 years  
 7. Birth date of deceased Feb 7 1942  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 14  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Florida MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Stone Mason

11. Industry or business John Stewart

12. Name unk

13. Birthplace unk 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Stewart

15. Birthplace unk 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Francis Kearnes  
 (b) Address 2216 1/2 Dewey ave

17. (a) burial (b) Date thereof June 27 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Amazonese

18. (a) Signature of funeral director Roy Stainey  
 (b) Address St. Joseph

19. (a) 6-23-42 (b) W. H. Hergog  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
 year 1942 hour 7 minute 0 M.  
 21. I hereby certify that I attended the deceased from June 9  
 1942, to June 12 1942  
 that I last saw him alive on June 12 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death aortic Regurgitation 6 M  
 Due to arteriosclerosis 15 1/2 yrs

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: unk  
 Of operations unk  
 Of autopsy unk

Duration  
 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. Charles H. Kearnes (M. D. or other)  
 Address 221 Kindred June 23 1942

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**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..... *John Roy Plaine*  
Licensed Embalmer No..... *2435*  
P. O. Address..... *St. John W*

**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.**