

No. 2
 M-5-43
 v. 5-17-39
 P I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1791**
 Registrar's No. **168**

FILED JAN 31 1948
 Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **801 Pacific St 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 years**
 In this community **13 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **801 Pacific St**
 (e) Citizen of foreign country? **no**
 If yes, name country **no**

3. (a) PRINT FULL NAME **Henry Stewart**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **492-14-8673**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan**, day **7**, year **1946** hour **6:45** minute **PM**
 21. I hereby certify that I attended the deceased from **12/13/45** to **1-7-46**
 that I last saw him alive on **1-6-46** and that death occurred on the date and hour stated above.

4. Sex **Male**
 5. Color or race **Colored**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Georgia Stewart**
 6. (c) Age of husband or wife if alive **40** years
 7. Birth date of deceased: **Aug 22 1900**
 (Month) (Day) (Year)

Immediate cause of death **Asystole**
Regurgitation
Syphilitic aortitis
Hypertensive H.D.C.
Cardiac Decompensation
 Other conditions:
 (Include pregnancy within 3 months of death)

8. AGE:
 Years **45** Months **4** Days **15**
 If less than one day hr. min.

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations **30 D**
 Of autopsy

10. Usual occupation **Laborer**
 11. Industry or business **Common**
 12. Name **Geo Stewart**
 13. Birthplace **Missouri**
 14. Maiden name **Catherine Kelly**
 15. Birthplace **Missouri**

16. (a) Informant **Georgia Stewart**
 (b) Address **801 Pacific**
 17. (a) **Burial** (b) Date thereof **1-7-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**
 18. (a) Signature of funeral director **H.B. Moore**
 (b) Address **1820 E 18 St**
 19. (a) **1-11-46** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

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. Signatur **A.D. Bradburn**
 Address **821 Indip. Ave** Date signed **1-9-46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

AB Moore

Licensed Embalmer No.

2410

P. O. Address

1870 E 18th

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.