

No. 2  
5-43  
5-17-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16068

FILED JUN 13 1946

Registration District No. 2

Primary Registration District No. 3013

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
306 East Armour Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County clay 24  
(c) City or town North Kansas, City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 East Armour Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ella May Stewart

3. (b) If veteran, name war No 3. (c) Social Security No. 492 18 2628

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray Stewart of husband or wife if alive 59 years

7. Birth date of deceased Nov. 15 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Klines Dept Store AS a Clerk

11. Industry or business \_\_\_\_\_

12. Name William Sainpson

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

14. Maiden name Anna Bodenhouse

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

16. (a) Informant Ray Stewart

(b) Address 306 Armour Road

17. (a) Removal May 2 (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Morton Smell's Funeral Home  
(b) Address 832 Armour Road

19. (a) May 2 - 1946 Baulak Kitcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 1  
1946 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on May 1, 1946, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension  
Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(City or town) (County) (State) (Means of injury) \_\_\_\_\_

23. Signature Melvin Long (M. D. or other) \_\_\_\_\_  
Address No. R.C. M.G. Date signed 5-2-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

State File Number \_\_\_\_\_

Date Filed 5-12-46

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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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

**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.**