S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30475

FILED OCT 14 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4183

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: 2443 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2443 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Addie Stewart

3. (b) If veteran, name war No

3. (c) Social Security No. 301-62-6151

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Benny Goins

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 10, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	20	____ hr. ____ min.

9. Birthplace Charleston, South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Ambassador Hotel

FATHER
12. Name Taylor Stewart
13. Birthplace Charleston, South Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Priscilla, Clark
15. Birthplace Charleston, South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Fountain

(b) Address 2443 Paseo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/3/46
(Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Arkansas

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 10-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1946 hour 7 minute 37 P M.

21. I hereby certify that I attended the deceased from 9/30, 1946, to 9/30, 1946
that I last saw her alive on 9/30/46, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumia	
Due to Toxemia	
Due to	
Other conditions Hypertensive Heart Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy none

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 ____

23. Signature L. M. Pittman (M. D. or other) M.D.

Address 1618 Lydia Date signed 10/4/46

(Licensed Embalmer's Statement on Reverse Side)

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.