

S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30606**  
Registrar's No. **137**

**FILED SEP 24 1946**

Registration District No. **28** Primary Registration District No. **5574**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Rural, Van Buren**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**one and one half miles south of Lone Jack, Mo.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **life**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Mary Lee Stewart**  
 3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Henry Stewart** 6. (c) Age of husband or wife if alive **31** years  
 7. Birth date of deceased **July 31 1865**  
(Month) (Day) (Year)

**8. AGE:** Years **81** Months **01** Days **26**  
If less than one day hr. min.

**9. Birthplace:** **Lone Jack, Mo.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** **Housewife**

MOTHER FATHER

**11. Industry or business:**  
**12. Name:** **Lee Jones**  
**13. Birthplace:** **Springfield Ill.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **Mary Jones**  
**15. Birthplace:** **Strasburg Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Miss Cammie Stewart**  
**(b) Address:** **Pleasant Hill, Missouri**  
**17. (a) Burial** **(b) Date thereof:** **8-29-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation:** **Pleasant Hill, Mo.**

**18. (a) Signature of funeral director:** **Allen Brownfield**  
**(b) Address:** **Pleasant Hill, Missouri**  
**19. (a) Aug 29-46 (b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Rural**  
 (d) Street No. **1 1/2 miles south of Lone Jack, Missouri**  
(If outside city or town limits, write "RURAL") (If rural, give location)  
 (e) Citizen of foreign country? **no**  
(Yes or No) If yes, name country.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **aug.** day **26** year **1946** hour **11** minute **45 PM.**  
**21. I hereby certify that I attended the deceased from** **aug. 25**, 19**46**, to **aug. 26**, 19**46**  
 that I last saw her alive on **aug. 26**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**  
 Due to...  
 Due to...  
 Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **93D**  
 Of autopsy

**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) (c) Means of injury **0**  
**23. Signature:** **L. V. Minway, Jr.** (M. D. or other)  
**Address:** **Pleasant Hill, Mo.** Date signed **8-28-46**

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

29438

FEB 16 1955

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.....

*By me 8-27-46*....., Registered Apprentice No.....

working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill, Mo*.....

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.