

S. No. 2
M-5-43
. 5-17-39
I X38671

FILED MAY 26 1947

State File No. 17636
Registrar's No. 2143

Registration District No. 199 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
Kansas City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)

In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 3118 Benton Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT MRS. FLORENCE LOTTIE STEWART
FULL NAME

3. (b) If veteran, name war XX no

3. (c) Social Security No. 486-26-5356

4. Sex Fe / 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard J. Stewart

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 5 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	1	8	hr. min.
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9. Birthplace Jacksonville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Mayor

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Lena Kurtz
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Richard J. Stewart

(b) Address 3118 Benton Blvd.

17. (a) Burial (b) Date thereof 5-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Magner

(b) Address Kansas City, Mo.

19. (a) 5-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1947 hour 2: minute 50 P. M.

21. I hereby certify that I attended the deceased from April 2 1946 to May 13 1947
that I last saw her alive on May 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of Colon + Liver of primary site in Colon
Due to unknown
Diagnosed
Due to Abuse of drugs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 4/6 l

Of operations _____

Of autopsy _____

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) _____
(c) Means of injury 0

23. Signature Harold C. Bell (M. D. or other) MD
Address 1132 Prof. Bldg Date signed 5/14/47

Proof. R.
11-1486

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 Alvin R. Haunscho

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.