

FILED AUG 6 1947

Primary Registration District No. 3026

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution: Residence 217 N. Pleasant  
(If not in hospital or institution, write street number, or location)  
(d) Length of stay: In hospital or institution: 77 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 217 N. Pleasant  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES THOMAS STEWART

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from July 18 1947 to July 18 1947 that I last saw him alive on July 16 and that death occurred on the date and hour stated above. Duration 18 hrs

Immediate cause of death: Terminal Bronchopneumonia

Due to: Cachexia - Central nervous system with

Due to: many vascular accidents over a period of 5 yrs

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

8. AGE: Years 77 Months 5 Days 15 If less than one day hr. min.

9. Birthplace: Jackson County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: clerk

11. Industry or business: A. J. Bundschu Co.

12. Name: Samuel Stewart

13. Birthplace: Westport, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Anna F. Johnson

15. Birthplace: Westport, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nellie O. Stewart  
(b) Address: Independence, Mo.

17. (a) burial (b) Date thereof: 7/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home  
(b) Address: Independence Mo.

19. (a) 7-19-47 (b) [Signature]  
(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?..... (Specify type of place)

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature: [Signature] (M. D. or other)  
Address: Independence Mo Date signed: 7-22-47

WRITE PLAINLY—USING UNFADING BLACK 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.