

FILED JAN 13 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

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:  
**1817 INDEPENDENCE AVE.**  
(If not in hospital or institution, write street number or location)

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

In this community **6 YEARS 1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1817 Independence Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY CATHERINE STUART**

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

3. (c) Social Security No. **none**

4. Sex **FE** 5. Color or race **W**

6. (b) Name of husband or wife **ALVIN A. STUART**

6. (c) Age of husband or wife if alive **✓** years \_\_\_\_\_

7. Birth date of deceased **SEPTEMBER 11 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>94</b>	<b>3</b>	<b>13</b>	hr. _____ min. _____

9. Birthplace **OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **JOHN REDMOND**

13. Birthplace **VA.**  
(City, town, or county) (State or foreign country)

14. Maiden name **REBECCA WYLDMAN**

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

MOTHER FATHER

16. (a) Informant **MR. IRVIN R. STUART**

(b) Address **1817 INDEP. AVE**

17. (a) **Removed** (b) Date thereof **12-25-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Utamont, Kansas**

18. (a) Signature of funeral director **Mrs. L. J. Foster**

(b) Address **Kansas City, Mo**

19. (a) **12-25-47** (b) **Seraldine Helms**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **24** Th  
year **1947** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May**, 19**47** to **Dec.** **24**, 19**47**  
that I last saw h. **er** alive on **December 23**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **asphyxia resulting from circulatory depression.**

Due to \_\_\_\_\_

Due to **Chronic Myocarditis** → **5 yrs.**

Other conditions **Changes of senility**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **2**

23. Signature **C. J. Anderson** (M.D. or other) **D.O.**  
Address **2433 Independence Ave** Date signed **12-24-47**  
**Kansas City, Mo.**

**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 *Dean Owens* .....

Licensed Embalmer No. *4280* .....

P. O. Address *918 Brooklyn R. C. 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.**