U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16541

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2195

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~~: TRINITY LUTHERAN HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 30 DAYS (Specify whether
In this community LIFE
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. 4005 CHESTNUT STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME MISS. LOUISE STEWART

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-10-6199

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased DECEMBER (Month) 10 (Day) 1905 (Year)

8. AGE: Years 42 Months 5 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation ASSISTANT EDITOR

11. Industry or business THE INDEPENDENT

FATHER
12. Name JOHN W. STEWART
13. Birthplace LEXINGTON (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name ESTELL HICKLAND
15. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant MR JOHN W. STEWART
(b) Address 4005 CHESTNUT AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation LEXINGTON, MISSOURI

18. (a) Signature of funeral director D W Newcomer & Sons
(b) Address 1401 BRUSH CREEK BLVD. KC. Mo.

19. (a) 5-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23RD year 1948 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 4-10-48, 19__, to 5-23, 1948; that I last saw her alive on May 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Reticulum	
Due to: Cell Sarcoma of Abdomen, Lungs & Brain	
Due to: primary site probably mesentery	30 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Exploration & Biopsy
Of autopsy: Proved Sarcoma 46 h.

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 John H Ogilvie (M. D. or other)

Address 730 Prof Bldg Date May 24/48

(Licensed Embalmer's Statement on Reverse Side)

7630 Professional Bldg.
11-4-30

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 D. O. Nofsinger

Licensed Embalmer No. 3938

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.