FEDERAL SECURITY AGENCY.
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22289

Primary Registration District No. 1000

Registrar's No. 771

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2209 N.22nd Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether

In this community 57 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 2209 N.22nd Street (If rural, give location) 70

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

If yes, name country

3. (a) PRINT FULL NAME Maggie Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jarvis K. Stewart

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased October (Month) 30 (Day) 1865 (Year)

8. AGE: Years 82 Months 85 Days 15 If less than one day hr. min.

9. Birthplace Sidney (City, town, or county) Ohio (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name George W. Tunks
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Silence Beasley
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Jarvis K.Stewart

(b) Address 2209 N.22nd St., St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17,1948 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 7-20-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 15th year 1948 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 15, 1948, to July 15, 1948; that I last saw her alive on July 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneum	5 days
Due to	
Due to	
Other conditions Arthritis Jr. (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy

107

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 Frank Hardegan (M. D. ~~or other~~)

Address 620 Morris Date signed 7/16/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JUL 30 1948

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.