

No. 300
10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35730**
Registrar's No. **1261**

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **2728 Lafayette St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **56 years**
In this community **56 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **2728 Lafayette St.**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Kate Magers Stewart**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-14-4515**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Thomas J. Stewart** 6. (c) Age of husband or wife if alive **16** years

7. Birth date of deceased **September 16 1870**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **8**
If less than one day hr. min.

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

10. Usual occupation **Retired Clerk Townsend & Wall Co.**

11. Industry or business **Frederick Magers**

12. Name **Hanover** 13. Birthplace **Hanover Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy ??** 15. Birthplace **Hanover Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **James R. Stewart**
(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof: **11/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Heaton Burman**
(b) Address **St. Joseph, Mo.**

19. (a) **Nov 27, 1948** (b) **E. C. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**
year **1948** hour **5** minute **15** AM.

21. I hereby certify that I attended the deceased from **May 4**
19**48**, to **Nov. 24**, 19**48**.
That I last saw her alive on **Nov 23**, 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial insufficiency**

Due to **Atherosclerosis General**

Due to **Chronic Hypertension**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1**
Of autopsy **1**

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? _____
(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 _____

23. Signature **Mustar J. Rain** (M. D. or _____)
Address **Hickman Bldg St. Joseph, Mo.** Date signed **11/24/48**

Duration
Underline the cause to which death should be charged statistically.

DEC 3 1951

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.....

Warry O. Becker

....., Registered Apprentice No. 287

working under my personal supervision.

Signed *D. William Spaulding*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Dodge

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.