

5. No. 300
10. 48

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12067

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 469

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>11 mo. 10 mo 27 day</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>37TB</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2.</u>		d. STREET ADDRESS (If rural, give location) <u>4921 Montgale</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luin</u> b. (Middle) <u>Lena</u> c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>17</u> <u>1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 20. 1873</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>6</u>	11. DAYS <u>27</u>	12. IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Vincennes Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Geo. M. Dromie</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Eleanor Ledman</u>	14. NAME OF HUSBAND OR WIFE <u>George Foyon Stewart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>n</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Foote Independence Mo</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>480X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Thomas M.D.</u>	23b. ADDRESS <u>St. Joseph Mo. State Hospital No 2</u>	23c. DATE SIGNED <u>4/17/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not Given</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 18, 1950</u>	REGISTRAR'S SIGNATURE <u>L. G. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoffer</u> ADDRESS <u>1946 Colhoun St. St. Joseph, Mo</u>
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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 *****

Student Embalmer No. *****

working under my personal supervision.

Signed Albert C. Harrington

Signed
Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.