

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31886

State File No. 3993

FILED OCT 4 1952

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1001</u>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | c. LENGTH OF STAY (In this place)<br><u>49 YEARS</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>General Hospital No. 1</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>1108 Troost</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Harry</u>  |  | b. (Middle) <u>HOUSTON</u>  |  | c. (Last) <u>Stewart</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9 6 52</u>                              |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>DIVORCED 3</u>  |  | 8. DATE OF BIRTH<br><u>NOV-13-1893</u>  |  |
| 9. AGE (In years last birthday) <u>68</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>SHEET METAL WORKER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Geo. JAHODE COMPANY</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY, MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>JAY C. STEWART</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARY McELWEE</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>MRS. INEZ STEWART</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>496-16-6737</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>VIRGIL STEWART</u>   |  | ADDRESS<br><u>4215 ELLEGE ROAD KANSAS CITY, KANSAS</u>                              |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute generalized peritonitis (etiology undetermined)</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>tuberculous peritonitis (supp report)</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Pulmonary congestion and edema</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 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)  |  |   |  |
| 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?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Aug. 23</u> , 19 <u>52</u> , to <u>Sept. 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept. 6</u> , 19 <u>52</u> , and that death occurred at <u>5:20P</u> m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><u>B.I. Burns, M.D.</u>   |  |   |  | 23b. ADDRESS<br><u>24th &amp; Cherry</u>   |  | 23c. DATE SIGNED<br><u>9-8-52</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>CREMATION</u>   |  | 24b. DATE<br><u>SEPT. 8-1952</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>DW NEWCOMER'S SONS</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY MISSOURI</u>        |  |
| DATE REC'D BY LOCAL REG.<br><u>9-9-52</u>   |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>D.W. Newcomer</u>   |  | ADDRESS<br><u>1331 BRUSH CREEK KANSAS CITY MO.</u>                                  |  |

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

Handwritten marks and scribbles in the top right corner.

**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.

Student .....  
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

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.