

REC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6246

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5-2-80
 (c) City Liberty (d) Street No. 312
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 18

2. PRINT FULL NAME

(a) Residence, No. 363 Lucy Stewart St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 85 MONTHS — DAYS — If LESS than 1 day, hrs. or min. 1854

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work
 9. Industry or business in which work was done, as saw mill, bank, etc. for self
 10. Date deceased last worked at this occupation (month and year) Clay Co. Mo. 6-0
 11. Total time (years) spent in this occupation 6-0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Ab. Jacobs.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary M. Shears
 (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL Funeral
 PLACE Liberty, Mo. DATE 2/25-39

19. FUNERAL DIRECTOR Church, Archer &
 (ADDRESS) Liberty, Mo.

20. FILED 2/25 1939 ET B. Stewart
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 23, 1939
 I last saw him alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 5 A m.
 The principal cause of death and related causes of importance were as follows:

Paralytic Heart Failure Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) R. E. Sevier, M. D.

(Address) Liberty Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 1 X12004

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RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2/9/39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2/9/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6246
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 3012 Registered No. 18
(c) City Liberty (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mes. ds.

2. PRINT FULL NAME

Lucey Stewart
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19__

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 23 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Paralysis, Heart failure Date of onset _____

Chronic Myocarditis

Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. Sevier, M. D.

(Address) Liberty

SUPPLEMENTAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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