

FILED FEB 9 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 63

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: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 11 days
(Specify whether years, months or days)
In this community 3 months 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME HERBERT STEWART

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 4-6-1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 28 If less than one day 4 hr. - min.

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

10. Usual occupation Partner 2 Janitor

11. Industry or business Partner 2 Janitor

12. Name French Stewart

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Wilson

15. Birthplace Clay, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Stewart

(b) Address Liberty, Missouri

17. (a) Remove (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 Kingfield

19. (a) 1-4-44 (b) W. H. Hays
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 9-23-1943 to 1-3-1944

that I last saw him alive on 1-3-1944 and that death occurred on the date and hour stated above.

Immediate cause of death apoplectic aneurysm
seizure Duration 3 days

Due to arterio-sclerosis unknown

Due to Syphilis unknown

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Marroway (M. D. _____)

Address State Hospital No. 2 Date signed 1-4-44

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

MOTHER FATHER

How Best to Write

quoting
reference
number

refer to

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 1/4/44

Registered Apprentice No. _____

working under my personal supervision.

Signed

E. J. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.