No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 ? 1940
Registration District No. 399

W 3533

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34341

Registrar's No. 3857

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5927 Locust Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mrs. Emma A Steele

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Unknown

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Sept. 1, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	2	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick Mead
13. Birthplace Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Finily
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Simon

(b) Address 5927 Locust

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-5-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1940 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 25, 1940, to Oct 3, 1940 that I last saw her alive on Oct 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus -

Due to

Due to Fracture neck of Left femur

Other conditions (Include pregnancy within 3 months of death) 186

Major findings: Of operations Fracture neck of left femur

Of autopsy Pulmonary embolus, - Carcinoma stomach

Duration

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) acc

(b) Date of occurrence 9-24-40

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home. (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy L. Dudley (M. D. or other) Tall

Address 1400 Professional Bldg - Date signed 10-4-40

(Licensed Embalmer's Statement on Reverse Side)

Professional copy
1400

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed H C Newcomer Jr

Licensed Embalmer No. 1042

P. O. Address K C 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.