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-41
-39
C28390

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month 1 Day
(Specify whether years, months or days)

In this community 15 Years

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. 118 Clinton Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Orpha P. Steen

3. (b) If veteran, name war No

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

7. Birth date of deceased December 24 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 8 If less than one day ---- hr. ---- min.

9. Birthplace Wade County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

MOTHER FATHER { 12. Name James Perkins

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

14. Maiden name Louisa Taylor

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

16. (a) Informant Mrs. B. C. Wilson

(b) Address 118 Clinton Place

17. (a) Cremation (b) Date thereof July 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

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

(b) Address 1401 Brush Creek Blvd. K.C. Mo

19. (a) July 3, 41 (b) F. Leback
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1941 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from June 1 1941 to July 2 1941;
that I last saw her alive on July 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral and Pulmonary Embolism
Duration July 2, 1941

Due to Fracture left hip

Due to ----

Other conditions Diabetes mel.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1st 2nd 3rd

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) fractured left hip

(b) Date of occurrence June 11, 1941, 5:30 P.M.

(c) Where did injury occur Independence, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3/6 Farm
(Specify type of place)

23. Signature Chas. Rutony (M. D. or other) MD
Address Independence Mo Date signed 7/2/41

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

11-5
Superintendent, Missouri
State Board of Health

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..... *C. Hervey Quisenberry*.....
Licensed Embalmer No. *4070*.....
P. O. Address *D. 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.