V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

FILED JAN 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1340

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 99

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: Conley Clinical Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether In this community 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 6

(d) Street No. 721 East 8th. St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Bradley Steele

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Nellie Steele

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

7. Birth date of deceased Feb. 1, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired City Fireman

11. Industry or business Kansas City Missouri Fire Dept.

FATHER
12. Name Bradley Steele
13. Birthplace K.C.Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Elyn Steele

(b) Address 3100 Paseo Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Tho,s E. Quirk Funeral Home

(b) Address 4316 Troost Ave

19. (a) 1-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th. year 1943 hour 6:30 ~~7:05~~ P.M. minute M.

21. I hereby certify that I attended the deceased from 4 PM 1-5 1943 to 6:30 P.M. 1943 that I last saw him alive on 1-6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Myocardial Insufficiency

Due to

Other conditions ~~None~~ Pulmonary Cong. (Include pregnancy within 3 months of death)

Major findings: Of operations 93E

Of autopsy no

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)

(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? (Specify type of place)

Was it work? (e) Means of injury

23. Signature Paul E. Forney (M. D. or other) DO

Address 6226 E. 15th Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

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 Thos E. Lurk

Licensed Embalmer No. 3775

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.