

S. No. 2
DOM-2-43
5-17-49
I X 5897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24094**
Registrar's No. **3234**

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

FILED AUG 6 1943

149

1002

Registration District No.

Primary Registration District No.

Registrar's No.

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days) 2 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. 4210 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISE STEFFEN

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 2 divorced Widowed

6. (b) Name of husband or wife Paul Steffens 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased January 6 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER { 12. Name Theo. Haupt
13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Ernestmeyer
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thad Corder
(b) Address 4210 Park Ave K.C. Mo

17. (a) Burial (b) Date thereof 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 7-24-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-2-43, 19____, to 7-24-43, 19____;
that I last saw her alive on 7-24-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of vulva with metastasis

Due to 49d

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

Major findings: Of operations _____
Of autopsy See above

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? _____

23. Signature Ann R. Thom (M, D, or other) _____
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Russell W. France
Licensed Embalmer No. 4255
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.