

No. 2
4-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41301

FILED JAN 5 1944
749

State File No. _____
Registrar's No. 5427

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2663 Independence Ave 1
(d) Length of stay: In hospital or institution _____
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2811 E 7 St
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME JOHN S STEELE
3. (b) If veteran, name was Spanish American
3. (c) Social Security No. 486-09-3321

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Steele
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 29 1872

8. AGE: Years 71 Months 7 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Kansas Nebraska

10. Usual occupation Writer
11. Name of business White Iron Works
12. Name John J Steele
13. Birthplace Kansas
14. Maiden name Fannie Sanders
15. Birthplace North Carolina

16. (a) Informant Mrs John Steele
(b) Address 2811 E 7 St
17. (a) Burial (b) Date thereof 12/21/43
(c) Place: burial or cremation Mt. Mansfield cemetery
18. (a) Signature of funeral director Ketterlin
(b) Address 2657 Independence Ave
19. (a) 12-20-43 (b) J. E. Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18
year 1943 hour 11 minute 57 M.
21. I hereby certify that I attended the deceased from Mar 1 1943 to Aug 28 1943
that I last saw him alive on Oct 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____
Due to _____
Due to _____
Other conditions _____
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? _____
(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 Amy R. Johnson (M. D. or other)
Address 1107 Belmont City Date signed _____

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

MOTHER FATHER
COO-36-319

FEB 7 1944

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 Francis S. Watson

Licensed Embalmer No. 2748

P. O. Address 2030 Service

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo.

State File No. _____

County of Jackson ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5427

On this 15 day of March, 1944, before me appears Mrs Edith S. Steele (Wife) upon her oath, states that the original record of ^{birth} death for John S. Steele died Dec. 18, 1943 in the State of Missouri, and which was filed at St. Mo. on 12-20, 1943 should be corrected as follows:

Item No. _____ should read _____

Instead of _____

~~Wife~~ should read Edith S. Steele

~~Name~~ Edith S. Steele

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Edith S. Steele wife Relationship.

2811 E 7th St. Present Address.

Subscribed and sworn to before me this 15 day of March, 1944

My Commission expires Oct 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-41304