

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42569**
Registrar's No. **84**

FILED DEC 17 1943

Registration District No. **257**

Primary Registration District No. **5575**

1. PLACE OF DEATH: *(Washington St)*
(a) County **Jackson**
(b) City or town **Kansas City, (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
94th and State Line, R. F. D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
In this community **66 years**, (Specify whether 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. **94th and State Line, R. F. D. #1**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **x**

3. (a) PRINT FULL NAME **Mrs. Matilda A. Steele**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **26th**
year **1943** hour **1:25** minute **a.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Steele** 6. (c) Age of husband or wife if alive **86** years
7. Birth date of deceased **April 27 1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6. 29**, 1940 to **11. 26**, 1943
that I last saw **her** alive on **11. 26**, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death **Hemiplegia** 3 **year** Duration

8. AGE: Years Months Days If less than one day
85 **6** **29** hr. min.

Due to **Arterio sclerosis**
Due to **[Signature]**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**

MOTHER FATHER } 11. Industry or business **x**
12. Name **Lewis Gardner**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriet H. Page**
15. Birthplace **Maine**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Miss Hanna Steele**
(b) Address **94th & State Line, K.C. Mo., RFD #1**
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **11-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Corinth Cemetery**
18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

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)
While at work? (e) Means of injury.....

19. (a) **11-27-43** (Date received local registration) (b) **[Signature]** (Registrar's signature)
[Signature] (Licensed Embalmer's Statement on Reverse Side)

23. Signature **[Signature]** (M. D. or other)
Address **404 1/2 W 76th** Date signed **11/26/43**

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

Dr. Ragan

7-5-40

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.....

John G. Hurley

Licensed Embalmer No. *4050*

P. O. Address *Kansas City, 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.