

FILED MAY 11 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 417

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1821 Clay Apt. 105  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 6 months  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 miles West of DeKalb  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JOHN R. STEELE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ida Swartz Steele 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased February 15 1954  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	2	15	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER

12. Name William T. Steele

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

14. Maiden name Elizabeth Dooley

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

16. (a) Informant Mrs. J. R. Steele

(b) Address 1821 Clay

17. (a) burial (b) Date thereof 5/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem. DeKalb, Mo.

18. (a) Signature of funeral director Weston BeHale & Co. man

(b) Address 319 South 10th

19. (a) 5/1/44 (b) Rose Helyog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1944 hour 1 minute 50P M.

21. I hereby certify that I attended the deceased from 1943 to April 30, 1944;  
that I last saw him alive on April 29, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to Chronic interstitial nephritis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature Benj. M. Riley M.D. N.B. 2  
Address 6207 King Hill Ave. Date signed 5/1/44  
St Joseph, Mo.

Duration

6 days

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

---

---

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.**