

V. S. No. 2
DOM-8-43
Rev. 5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40370

FILED DEC 22 1944

State File No.

4887

Registration District No. 149

Primary Registration District No. 1002

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 N.E. Industrial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether)

In this community 17 years
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. 5211 East 28th Terrace
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. FLORENCE G. STEELE

(b) If veteran, name war No

(c) Social Security No. 496-03-5026

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
year 1944 hour 1:00 minute A. M.

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Samuel J. Steele

(c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 31 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 26
1944 to Dec 2 1944

that I last saw her alive on December 1 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>5</u>	<u>1</u>	hr. min.

Immediate cause of death Pneumonia (Streptococcal) Duration 1 1/2 days

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

Due to _____

Due to _____

Other conditions Revealings (R)
(Include pregnancy within 6 months of death)

10. Usual occupation At Home

Major findings:
Of operations _____

Of autopsy 108

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

MOTHER FATHER

11. Industry or business _____

12. Name Earl P. Conrad

13. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Latimer

15. Birthplace Centerview Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel J. Steele

(b) Address 5211 E. 28th Terrace

17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) Dec 4 1944 (b) J.E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify place of place)

(c) Means of injury 2

23. Signature John Thompson (M. D. or other) DO.

Address 3800 E 27, I.C.E. Mo Date signed 12-8-44

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

3800 6 27 2011
41-2831

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

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.