S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9702

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1584

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: General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) In this community 2 days ~~16 hrs~~.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1725 E. 24th 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Steele

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 5, (Day) 1946 (Year)

8. AGE: Years --- Months ----- Days 2 If less than one day ~~16~~ hr. ~~48~~ min.

9. Birthplace Kansas City, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name X 9

13. Birthplace (City, town, or county) (State or foreign country) 1

14. Maiden name Freddie Mae Steele

15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm. A. Schaaf

(b) Address City Mortician

19. (a) 4-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, year 1946 hour 9: minute 45 P. M.

21. I hereby certify that I attended the deceased from March 5, 1946, to March 7, 1946; that I last saw her alive on March 7, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Due to Gangrene of Intestine	
Due to Obstruction of Small Intestine	
Congenital atresia	
Other conditions Post-operative Shock (Include pregnancy within 3 months of death)	
Major findings: Of operations Massive Intestinal Gangrene	
Of autopsy 1579	

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? (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

23. Signature E. Irvin Ellis (M. D. or other)

Address General Hospital #2 Date signed 3/8/46

361 (Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

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.