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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1255

Primary Registration District No. 1802

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

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:
2914 Norton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 60 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. 2914 Norton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Courtney Steele
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15th
year 1947 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 3-11-47
_____ 19____, to 3-15-47 19____;
that I last saw him alive on 3-11-47 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mattie Steele
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25, 1861
(Month) (Day) (Year)

Immediate cause of death Arterio-Sclerotic type Heart Disease
Duration _____

8. AGE: Years Months Days If less than one day
85 2 20 _____ hr. _____ min.

Due to Coronary Occlusion
Due to _____

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

10. Usual occupation Janitor

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations 93 d
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mattie White
(b) Address 2813 Myrtle

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lyndal Avenue

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) 3-18-47 (b) Stroldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature G. Thayer (M. D. or other)
Address 1830 Vine Date signed 3-17-47

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.....

J. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.

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