

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 399

17196

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Rau Primary Registration District No. _____ Registered No. 1893
 (c) City Kansas City (d) Street No. 500 E 45th Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Miss Sarah Elizabeth Steele 31.1
 (a) Residence, No. 500 E 45th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31 1847</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>1</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheeling West Virginia</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
	15. MAIDEN NAME <u>Ann Wilson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
	17. INFORMANT (ADDRESS) <u>Miss Mary Steele 3601 Wabash</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>May 6 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Downs & Sons 400 W. 10th St. Kansas City, Mo.</u>		
20. FILED <u>5-5</u> 19 <u>38</u> <u>W. M. Morrow</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-1 - 1938 to 5-4 - 1938
 I last saw h. alive on 5-2 - 1938. Death is said to have occurred on the date stated above, at 6:25 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration
 Date of onset 72

Other contributory causes of importance: -
Senility

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (Violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 8-10, 1938
 Where did injury occur? fall and was sick before
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In home - 10th St. - 10th St. - 10th St.
 Manner of injury fall against bed - no relation to death
 Nature of injury injury to leg

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) William A. Myers, M. D.
 (Address) Kansas City, Mo.

*Shirley Black
U. S. 225 D*

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..... *Nell Clark*

Licensed Embalmer No. *3976*

P. O. Address *1701 Bushmore*

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, above space should be left blank.