

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17824
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 10
 (c) City Kansas City, Mo. (d) Street No. St. Joseph Hospital 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 Mrs. Hester A. Steel

(a) Residence, No. 3211 Jackson 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Steel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Indiana

13. NAME McKenzie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Jessie P. Wood
 (ADDRESS) 3211 Jackson, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood Cem. DATE May 29-39

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILE May 29, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27-39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to May 27, 1939
 I last saw him alive on May 27, 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
1860

Other contributory causes of importance:

Fracture left hip

Name of operation Coel Date of May 20
 What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury May 18, 1939
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
 Nature of injury fracture left hip

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Ernest W. Cavaness

(Signed) Ernest W. Cavaness M. D.
 (Address) ERNEST W. CAVANESS, M. D.
652 BOARD OF TRADE BUILDING

KANSAS CITY, MO.

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14025

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.....

• Licensed Embalmer No.....

P. O. Address.....

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.