

FILED APR 12 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2702 South 18th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community Most all of her life  
years, months or days

3. (a) PRINT FULL NAME Mrs. Korean Happick Steele

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Henry Steele 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 11, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |   |   |                |
|----|---|---|----------------|
| 84 | 6 | 0 | hr. _____ min. |
|----|---|---|----------------|

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Glidewell

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

14. Maiden name Virginia Reiger

15. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Saul P. Steele

(b) Address 2702 South 18th Street

17. (a) Burial (b) Date thereof Mar. 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Wm. E. Sikes

(b) Address 602 South 10th Street

19. (a) March 12, 1940 H. J. Nestlebuch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 South 18th Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th  
year 1940 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from level year  
Back approx. 19 \_\_\_\_\_ to Feb. 25, 1940  
that I last saw her alive on Feb 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General arterio Sclerosis  
Chronic

Due to Also Cerebral Hemorrhage

Due to Arterio - Sclerosis

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

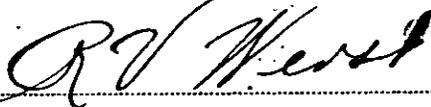
23. Signature A. G. Haller (M. D. or other) \_\_\_\_\_  
Address 822 Canal St Date signed March 11 - 1940

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, & by.....

.....  
Mollie E. Sidenfaden....., Registered Apprentice No. 145.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3876.....

P. O. Address St. Joseph 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, above space should be left blank.