S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17423

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1950

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:
3041 Park Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)

In this community 72 Years

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. 3041 Park Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Amanda Steffens 315

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Charles A. Steffens

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

7. Birth date of deceased August (Month) 5 (Day) 1860 (Year)

8. AGE: Years 79 Months 9 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER

12. Name Thomas Kidwell

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

MOTHER

14. Maiden name Elizabeth Waggoner

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

16. (a) Informant Mr. Harry C. Steffens

(b) Address Odessa, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 3401 Brush Creek Blvd.

19. (a) May 9, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1940 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 30, 1940, to May 7th, 1940; that I last saw him alive on 5/7, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	3 days
Due to Chronic myocarditis	3 yrs
Due to Chronic nephritis	10 yrs
Other conditions — (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Hulbert (M. D. or other)

Address 628 Ruskin Bldg. Date signed 5/7/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.