No. 2
1-4-41
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X26320

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37390 4185

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson.
(b) City or town: K. C. Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1330 East 33rd St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 45 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: K. C. Mo (If outside city or town limits, write "RURAL")
(d) Street No. 1330 East 33rd St. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs Viol etta Elvena Steehn
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Fe 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Herman M Steehn.
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Aug (Month) 31 (Day) 1881 (Year)
8. AGE: Years 60 Months 2 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace: Ill (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: ____
FATHER 12. Name: Thomas Steffington
FATHER 13. Birthplace: London England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elvena Steffington
MOTHER 15. Birthplace: Copenhagen Denmark (City, town, or county) (State or foreign country)
16. (a) Informant: H M Steehn
(b) Address: 1330 E 33rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov (Month) (Day) 1941 (Year)
(c) Place: burial or cremation: Forest Hill Cem
18. (a) Signature of funeral director: Carroll-Davidson
(b) Address: 3024 Troost Ave.
19. (a) 11-11-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th year 1941 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from November 3rd, 1941, to November 8th, 1941; that I last saw her alive on November 8th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	9 days
Due to: Generalized Arteriosclerosis & Hypertension	approx. 4 yrs
Due to: ____	
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: Ruth A. Hardacre (M. D. or other)
Address: 715 Argyle Bldg. Kansas City, Mo. Date signed 11-10-41

(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 Jack W. Laybourne

Licensed Embalmer No. 1715

P. O. Address K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.