

DEC 3-1 1941

Registration District No. 400

Primary Registration District No. 555318

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Warrior Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for the aged 5-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years
(Specify whether
In this community 106 yrs
years, months or days)

3. (a) PRINT FULL NAME Jess W. Steerwood

3. (b) If veteran, name war unknown 3. (c) Social Security No. no

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 9 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 18 If less than one day hr. _____ min.

9. Birthplace Kansas city MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Records, Jackson Co. Home

(b) Address Little Blue, MO

17. (a) Burial (b) Date thereof 9-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit

18. (a) Signature of funeral director H. B. Gangesford

(b) Address Lees Summit, Mo

19. (a) 10-1-41 (b) Jess W. Steerwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 220 No. Eglewood
(If rural, give location) 11
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1941 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to 9/27 1941
that I last saw him alive on 9/26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 926

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. W. Greer (M. D. or other) 0

Address Independence Date signed 9/29/41

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

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 *H. B. Langford*

Licensed Embalmer No. *3233*

P. O. Address *1215 Summit*
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.