

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Marys Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days**  
(Specify whether  
In this community **14 years**  
years, months or days)

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. **2909 Forest**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **5**  
year **42** hour **6** **PM** M.  
21. I hereby certify that I attended the deceased from **1901** to **1942**  
that I last saw him **alive on** **12/5/42** and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of right femur**  
Due to **Fall at home** **1/8/42**  
Due to **Arteriosclerotic heart disease**

Other conditions: **Arteriosclerotic heart disease**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: **See above**  
Of autopsy: **See above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 123**  
(b) Date of occurrence **11/24/42**  
(c) Where did injury occur **2909 Forest** (City or town) **J.C.Mo.** (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home** (Specify type of place) (e) Means of injury  
23. Signature **[Signature]** (M. D. or other) **12/13/42**  
Address **[Address]** Date signed

3. (a) PRINT FULL NAME **Mr. David Steel**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jean Steel** 6. (c) Age of husband or wife if alive **--** Years

7. Birth date of deceased: **January 8, 1852**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **10** Days **27** If less than one day hr. min.

9. Birthplace: **Scotland** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Coal Mine Operator**

12. Name **Mathew Steel**

13. Birthplace **Scotland** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Baird**

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

16. (a) Informant **Mrs. Jean Metzger**

(b) Address **3741 Bales**

17. (a) Removal (b) Date thereof **12-5-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cincinnati, Iowa**  
**Freeman Mortuary**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Kansas City, Mo.**

19. (a) **12-5-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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, fact should be so stated above.**