

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 30 yrs
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. 1012 E. 15th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Steele

3. (b) If veteran name war Don't know

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May 4 1960

(Month) (Day) (Year)

8. AGE:

Years 83 Months 0 Days 28 If less than one day hr. min.

9. Birthplace

Scotland 4
(City, town or county) (State or foreign country)

10. Usual occupation

Booker Relines

11. Industry or business

Thomas Steele

12. Name

Thomas Steele

13. Birthplace

Scotland 4
(City, town or county) (State or foreign country)

14. Maiden name

Mary McMillan

15. Birthplace

Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant

James Steele

(b) Address

1012 E. 15th

17. (a) Funeral
(Burial, cremation, or removal)

(b) Date thereof June 2, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director

Miss C. R. Foster

(b) Address

918 Broadway

19. (a) 6-2-43

(Date received local registrar)

(b) M. M. Crowe

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 29, 1943, to May 27, 1943
that I last saw him im alive on May 27, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Papilloma of urinary bladder

Duration

Due to 56E

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?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Dr. W. R. Thome (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

