

S. No. 2
M-2-43
5-17-3
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30963**
Registration District No. **149**
Primary Registration District No. **1002**
Registrar's No. **3810**

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of institution 29 days (Specify whether years, months or days) 33 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. 2435 Myrtle Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Steehn, Alma Marie Shuey
3. (b) If veteran, name war No
3. (c) Social Security No. 487-16-9194

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 1st
year 1943 hour 7 minute 35 P.M.
21. I hereby certify that I attended the deceased from August 3 1943 to Sept. 1 1943
that I last saw her alive on Sept. 1 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Joseph Jerome Steehn
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased February 11 1898
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix Duration
Due to -----
Due to 4 yr
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations -----
Of autopsy See above

8. AGE: Years Months Days If less than one day
45 6 20 28 hr. min.

9. Birthplace Knoxville Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business -----
12. Name James Franklin Shuey
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sadra Ellen Locke
15. Birthplace Marysville Iowa
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Violet Steehn
(b) Address 2435 Myrtle Avenue
17. (a) Burial (b) Date thereof Sept. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director D. E. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-3-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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)
23. Signature of physician -----
Med. Dir. K. C. General Hospital No. 1

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 Frederic M. Colburn
Licensed Embalmer No. 3506
P. O. Address K. C. No.

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.