No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20891

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2668

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. Gen. Hosptal #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 days; In this community 13 years (Specify whether 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.: St. Josephis Girls Home
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Steele, Barbara Jean
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 4 (Day) 1931 (Year)
8. AGE: Years 13 | Months 3 | Days 20 | If less than one day hr. min.
9. Birthplace: K.C. Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: No Record.
FATHER 13. Birthplace: (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: No Record
MOTHER 15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Hospital Records at
(b) Address: K. C. Gen. Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Jansas City, Missouri
19. (a) 6-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 6 minute 45 a M.
21. I hereby certify that I attended the deceased from May 4, 1944 to June 24, 1944; that I last saw her alive on June 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	
Due to with pulmonary infarction	
Due to 95-6	
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: A. E. Upsher M.D. (M. D. or Coroner)
Address: Med Dir K.C. Gen Hosp Date signed 6-29-44

(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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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

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