

FILED JUN 23 1944

Registration District No. 5575

Primary Registration District No. 5575

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hickman Mills, rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Hickman Mills, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Oliver Ruffin Bannister
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Thomas Larkin Steele

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Florence Steele 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January 20th 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business farm

12. Name Richard O. Steele
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant R. O. Steele
(b) Address 5218 Paseo, Kansas City, Mo.
17. (a) Burial (b) Date thereof 6-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 6/5/44 (Date received local registration)
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st, year 1944 hour 12:00 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 19 to June 19, 1944
that I last saw him alive on June 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 9 months of death)

Major findings: Of operations 93d
Of autopsy inspector's history

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? _____

23. Signature A. E. Washer (M. D. or other) MD
Address 2341 S. Oakway Date signed 6/1/44

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

8000

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 John L. Bentley

Licensed Embalmer No. 4250

P. O. Address Kansas City, 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, fact should be so stated above.