

No. 2
5-43
17-39
X36871

FILED FEB 14 1945
Registration District No. 149

Primary Registration District No. 1002

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:
IN FRONT 922 EAST 30TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
In this community 22 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. 210 BRUSH CREEK BLVD
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW BLACK STEELE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 29TH
year 1945 hour 5:35 minute 0 M.

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

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. EILEEN STEELE

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased OCTOBER 9 - 1891
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Coronary occlusion

Due to _____

8. AGE: Years Months Days If less than one day

53 3 20 hr. _____ min.

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations History & Inspection

Of autopsy no

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? _____

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

10. Usual occupation CHIEF PROBATION OFFICER

11. Industry or business JACKSON COUNTY, MISSOURI

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER {

12. Name JOHN STEELE

13. Birthplace SCOTLAND (City, town, or county) _____ (State or foreign country)

14. Maiden name ELIZABETH CUNNINGHAM

15. Birthplace SCOTLAND (City, town, or county) _____ (State or foreign country)

16. (a) Informant MRS. EILEEN STEELE

(b) Address 210 BRUSH CREEK BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 2 1945 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

23. Signature _____ (Specify type of place) _____ (e) Means of injury _____ (M. D. or other)

Address 1421 Progress Bldg Date signed 1-28-45

18. (a) Signature of funeral director D. H. Neumann, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-1-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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..... *Charles Quint*

Licensed Embalmer No. *3774*

P. O. Address *Kansas City, Missouri*

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.