

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23229

State File No. _____

FILED AUG 4 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3187

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:
4107 Park 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 33 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4107 Park 8
(If rural, give location)

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Herman Steele

(b) If veteran, name war no

(c) Social Security No. 495-10-9680

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 5 minute 15 A.M.

4. Sex W 0

5. Color of race Wh

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

(b) Name of husband or wife Velma Steele

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

7. Birth date of deceased Dec 18 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15, 1945, to July 27, 1945
that I last saw h. 4 alive on July 25, 1945
and that death occurred on the date and hour stated above.

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

47 7 9 hr. min.

Immediate cause of death. Cerebral Syphilis -

Due to _____

Due to _____

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

10. Usual occupation Drug grist

Other conditions (Include pregnancy within 3 months of death) 30C

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name James H Steele

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Kate Cummings

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Kate Steele

(b) Address 4107 Park

17. (a) Burial (b) Date thereof July 30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C. R. Foster

(b) Address 914 Brooklyn

19. (a) 7-28-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W D Cootner (M. D. or other) _____

Address 636 Wrigley Blvd Date signed 7/28/45

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

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

L.H. Hill

Licensed Embalmer No.

2570

P. O. Address

K.C. 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.

*9200117
of the 2-5
Original 10-13-91*