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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **23230**

FILED JUL 23 1945
189

Registrar's No. **2924**

Registration District No. _____
Primary Registration District No. **1002**

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:
1527 Montgall, Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **24 years** (Specify whether 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. **1527 Montgall** **8**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM S. STEELE**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **492-18-268**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Steele**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Sept. 22 nd, 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	19	hr. min.

9. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cleaner and Presser Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **W.S. Steele**

13. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown a**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Steele**

(b) Address **1527 Montgall Kansas City Mo.**

17. (a) **Removal** (b) Date thereof **7/12/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clinton Mo.**

18. (a) Signature of funeral director **Consalus & Peck**

(b) Address **Clinton, Mo.**

19. (a) **7-12-45** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** th
year **1945** hour **7.15** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 3rd** 19____ to _____ 19____;

that I last saw him alive on **July 10th** 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration _____

Due to _____

Due to _____

Other conditions **93-2**
(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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature **J. R. Hoall** (M. D. or other) **0**
Address **676 S. 11th St** Date signed **7/12/45**

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

Dr. Jasper Hall
#7796
Lathrop Bldg.
V1 0984

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 Chas. Wells

Licensed Embalmer No. 2644

P. O. Address: Kansas City

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.