

FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City - Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
94th and State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. No.
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 Kansas City - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 94th and State Line
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country X

3. (a) PRINT FULL NAME William E. 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 Matilda Steele 6. (c) Age of husband or wife if alive, dec. years
7. Birth date of deceased June 6 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer Farm

11. Industry or business Farm

MOTHER FATHER { 12. Name Jesse Steele
13. Birthplace North Carolina
14. Maiden name Serapha Moore
15. Birthplace Kentucky

16. (a) Informant Miss Hannah Steele

(b) Address 94th and State Line, K. C., Mo.

17. (a) burial (b) Date thereof 3-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director Stins & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3/12/46 (b) Dr. Annie E. Hodge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to March 1 1946 that I last saw him alive on March 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pelagra over 1/2 Perhaps several yrs

Due to _____

Other conditions: Gangrene of toe 2 Mo.

Major findings: Of operations _____ Of autopsy _____

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) (e) Means of injury _____

23. Signature Dr. V. Fair Date signed 3/12/46

Address 4042 W. 75

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

Dr. S. W. Fair, Waldo

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.....

.....
working under my personal supervision.

Registered Apprentice No. *[Signature]*

Signed *[Signature]*

Licensed Embalmer No. *4135*

P. O. Address *R. C. 770*

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.