

Registration District No. **FILED APR 21 1947**

Primary Registration District No. **1000**

Registrar's No. **478**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 hours
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1510 Sacramento Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jacqueline Kay Steele
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
 year 1947 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from March 30
 1947, to Mar 31, 1947 1947;

4. Sex Female 5. Color race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased March 31 1947
(Month) (Day) (Year)

that I last saw h. er alive on March 31 1947;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Emphysema, of bilateral. Duration

8. AGE: Years Months Days If less than one day
0 0 0 13 hr. min.

Due to.....
 Due to.....

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

Other conditions 113
(Include pregnancy within 3 months of death)

10. Usual occupation None
11. Industry or business None

Major findings:
 Of operations.....
 Of autopsy.....

12. Name Otis Steele
13. Birthplace Easton, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name Delores June Kennedy
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Steele
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/1/47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

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

18. (a) Signature of funeral director Heaton-Burman
(b) Address St. Joseph, Mo.
19. (a) 4-8-47 (Date received local registrar) **(b)** W. E. Jenkins
(Registrar's signature)

23. Signature W. E. Jenkins M. D. or other.....
Address 276 1/2 Mo. St. Joseph **Date signed** 3/31/47

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

815 1117

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..... Eugene Wood.....
Licensed Embalmer No. 3804.....
P. O. Address 319 S. 10th St. Joplin, 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.