S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24394

State File No. .....

FILED AUG 5 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2984

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: Roanoke Nurseing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3927 Roanoke Rd. 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Annie McBreen STEELE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. Forrest Steele

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 29 th, 1884
(Month) (Day) (Year)

8. AGE: Years 63 | Months 2 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John McBreen 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Ann McLaughlin
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. E. Forrest Steele
(b) Address 3927 Roanoke Rd. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1947 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 3, 1947, to July 12, 1947 that I last saw her alive on July 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Accident	9 days
Due to Hypertensive Cardio-Vascular Disease	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d

Of autopsy

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place) 0

While at work? ..... (e) Means of injury .....

23. Signature Raymond L. Morrow (M. D. or other) MD

Address 814 Prof. Bldg. K.C. Mo. Date signed 7-14-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.