

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24395

State File No. ....

FILED JUL 19 1947  
Registration District No. 749

Primary Registration District No. 1005

Registrar's No. 2869

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:  
Kansas City General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community unknown  
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. 2502 Jackson 9  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Larry Dean Steele

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1947 hour 2 minute 20 A.M.

4. Sex Male ( ) 5. Color or 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 \_\_\_\_\_ years

7. Birth date of deceased May 3, 1947  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19, 1947 to July 5, 1947  
that I last saw him alive on July 5, 1947  
and that death occurred on the date and hour stated above.

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

0	2	2	hr. min.
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Immediate cause of death Hydrocephalus Spina Bifida with menigocele Bronchial pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation infant

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1570

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Howard Steele

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

14. Maiden name Janey Hubler

15. Birthplace Stockton, Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Norward Steele

(b) Address 2502 Jackson, K.C. Mo

17. (a) Funeral (b) Date thereof July 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Hill Cemetery, Corvallis, Mo

18. (a) Signature of funeral director Donald H. ...

(b) Address 111-116 So. Main St. Corvallis, Mo

19. (a) 7-6-47 (b) S. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? 0

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) MD

Address Gen. Hoop #1 Date signed \_\_\_\_\_

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrington, 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.**