. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8923

FILED APR 12 1948

Registration District No. 49

Primary Registration District No. 1042

Registrar's No. 1277

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: 4448 Bell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4448 Bell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Daniel H. Steele
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Viola D. Steele
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: November (Month) 12 (Day) 1872 (Year)
8. AGE: Years 75 Months 4 Days 7 If less than one day hr. min.
9. Birthplace: Warsaw, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business: Sinclair Oil Co.
FATHER 12. Name: George W. Steele
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Tull
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Viola D. Steele
(b) Address: 4448 Bell
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill Cem. K-C-Mo
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: 1901 Olathe Blvd. K. C. Kans.
19. (a) 3-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Oct 12, 1947 to 3/19, 1948 that I last saw alive on 3/19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Lobar pneumonia	3 days
Due to: Cerebral Apoplexy	
Due to: Internal Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 108	
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)
While at work? (e) Means of injury

23. Signature: G. L. Green (M. D. or other) D.O.
Address: 1810 W 45 Date signed: 3/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Moore
1810 West 45 St.

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Tere

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.) T. C. Mo.

If this body is not embalmed, fact should be so stated above.