

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics

FILED DEC 29 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 5089

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

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: 812 Benton Blvd. Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether _____)

In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 327 S. Hunter
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nettie E. Steinhouser

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 6, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>7</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business self employed

12. Name Jacob Leavy

13. Birthplace unknown, Russia
(City, town, or county) (State or foreign country)

14. Maiden name unknown Miller

15. Birthplace unknown, Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank P. Steinhouser

(b) Address 327 S. Hunter, Independence, Mo.

17. (a) Cremation (b) Date thereof 12/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 12-14-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1948 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1948 to 12-13-48, 1948
that I last saw her alive on 12-13-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death multiple Sclerosis and Arterial Sclerosis with Hypertension

Due to _____

Due to _____

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

Major findings: none

Of operations _____

Of autopsy none

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? no
White at work? _____ (e) Means of injury _____

23. Signature Thos. C. Mc Hale (M. D. or other) MD
Address 1620 Indep Ave Date signed 12-14-48

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 _____

John M. Heiman Registered Apprentice No. *269*
working under my personal supervision.

Signed *Charles F. Tyler*

Licensed Embalmer No. *7534*

P. O. Address *Indep MD.*

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.