

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32095

## 1. PLACE OF DEATH

County De Kalb  
Township De Kalb  
City WEATHERBY, MO. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_Registration District No. 263  
Primary Registration District No. 4162File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Charles LaGrand Steenrod 356  
(a) Residence, No. WEATHERBY, MISSOURI St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDNA MAY STEENROD ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 7, 19387. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 2 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation 7 YRS.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BROWNSDALE MISSOURI 013. NAME JAMES STEENROD 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHESTNUT, ILLINOIS 115. MAIDEN NAME LULA M. ROHRER,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA17. INFORMANT EDNA MAY STEENROD  
(ADDRESS) WEATHERBY, MISSOURI.18. BURIAL, CREMATION, OR REMOVAL  
PLACE ALTAVISTA CEM. DATE SEPT. 9, 193819. UNDERTAKER FLEEMAN & SON INC.  
(ADDRESS) 1946 COLHOUN, ST. JOSEPH, MISSOURI20. FILED Oct 10, 1938 James Fitzgerald Registrar. 23821. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1938, to Sept 7, 1938I last saw him alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease

Date of onset

Other contributory causes of importance: 101

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical as there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify \_\_\_\_\_ (Signed) P. E. Saunders M. D.(Address) Stewartville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) John E. Rupp  
Licensed Embalmer No. 3986

**NOTE:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.  
(Failure to comply with the above regulation constitutes grounds for revocation of license)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED INK.

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32098-  
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 263  
 (b) Township \_\_\_\_\_ Primary Registration District No. 462 Registered No. \_\_\_\_\_  
 (c) City Weatherly (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles La Grand Steward Steenrod

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne L. Steenrod

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1905

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 2 19

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED Oct 10 1938 Jessie Fitzgerald (Address) Stewartville Mo  
 (Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-32095