

Registration District No. 213Primary Registration District No. 3014Registrar's No. 223

1. PLACE OF DEATH:

- (a) County Madison "Cole" 1
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether

In this community
years, months or days8. (a) PRINT
FULL NAMEMildred Steelwell

8. (b) If veteran,

name war

X

8. (c) Social Security

No.

4. Sex
- female

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

Nov71915

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

231029

hr.

min.

9. Birthplace

JacksoniaMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Stenographer

11. Industry or business

MOTHER FATHER

12. Name Walter S. Steelwell18. Birthplace Arkansas

(City, town, or county)

(State or foreign country)

14. Maiden name Yvonne Sander15. Birthplace Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

W.S. Steelwell

(b) Address

Jacksonia, Mo.17. (a) Burial

(b) Date thereof

Oct 9 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Jacksonia

18. (a) Signature of funeral director

Phillip L. Lusk

(b) Address

Bedon, Mo.19. (a) 10/19/39(b) W.S. Steelwell

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Miller
(c) City or town Jacksonia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 6
- day
- October
-
- year
- 1939
- hour
- 6
- minute
- 7
- M.

21. I hereby certify that I attended the deceased from

August 30, 1939, to Oct 6, 1939

that I last saw him alive on

Oct 6, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Carcinoma pancreas 6 mo

Due to

Cirrhosis of liver

Due to

Ca Pancreas

Other conditions

(Include pregnancy within 3 months of death)

General Peritonitis

Major findings:

Of operations

D

Of autopsy

Gen. CaCarcinoma pancreas

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0

(Specify type of place)

(e) Means of injury

28. Signature

M.R. Steelwell (M. D. or other)

Address

Je mo Date signed 10/6/39

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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips.....

Licensed Embalmer No. 3663.....

P. O. Address Madison.....

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, above space should be left blank.