

DEC 13 1939

Registration District No. **79**

Primary Registration District No. **5036**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Saling Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Infant Steele 3141
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Sept 14 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John C Steele
13. Birthplace Malay Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Anna Barclay
15. Birthplace Missouri Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John C Steele
(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 9/17 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Public Home Cemetery

18. (a) Signature of funeral director W. M. ...
(b) Address Centralia Mo

19. (a) 9/16-1939 (b) Ar Boothe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State 1 (b) County _____
(c) City or town _____
(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 Sept. day 16
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 14 1939 at Sept. 16 1939
that I last saw him alive on Sept. 16 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____ 15 min

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ar Boothe (M. D. or other) _____
Address Centralia Mo Date signed 9/16/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.