

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

11931
Do not use this space.

FILE APR 1 1940

1. PLACE OF DEATH

(a) County PERMISCOT Registration District No. 655
 (b) Township..... Primary Registration District No. 4392 Registered No.....
 (c) City STEELE or..... (d) Street No..... St.
 (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 68 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

655 MODENA GERMAN 2
 (a) Residence, No. STEELE MO 0 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

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAS. S. GERMAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 16 1867
 7. AGE YEARS 72 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 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.
 12. BIRTHPLACE (CITY OR TOWN) CORINTH (STATE OR COUNTRY) MISSISSIPPI
 FATHER 13. NAME JOHN MANNING
 14. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY) 9
 MOTHER 15. MAIDEN NAME ELIZABETH DUNN
 16. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY) 9
 17. INFORMANT MINNIE BROOKS (ADDRESS) STEELE MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE MOUNT ZION CEM. - DATE FEB 13 1940
 19. FUNERAL DIRECTOR (NAME) GERMAN UNDERTAKING (ADDRESS) STEELE MO
 20. FILED 3/14 1940 S. S. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 11 1940
 22. I HEREBY CERTIFY That I attended deceased from Jan 28 1940 to Feb 11 1940
 I last saw her alive on Feb 11 1940 Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
Hypostatic pneumonia
 Other contributory causes of importance: 11/2
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was 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?
 If so, specify..... (Signed) [Signature] M. D.
 Address Steele Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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3-44-9

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.