

FILED AUG 3 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Mississippi
 (a) County _____
 (b) City or town Charleston, (Pywappity)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 215 N. Elm Street
 (If not in hospital or institution, write street number or location) 20
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 15 years
 years, months or days)

3. (a) PRINT FULLNAME John Steagal 324
 3. (b) If veteran, name war X X X 3. (c) Social Security No. X X X

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife X X X 6. (c) Age of husband or wife if alive X X X years
 7. Birth date of deceased Dec. 8 1862
 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Henderson Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Lumber worker

11. Industry or business retired lumberman 9

MOTHER FATHER { 12. Name Not known 9
 13. Birthplace Not known Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mack Dean
 (b) Address 215 N. Elm Street

17. (a) Burial (b) Date thereof 7-22-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo.

19. (a) 7-30-40 (b) J. Steagal
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215 N. Elm Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1940 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-20-1940 to _____, 19____;
 that I last saw him alive on 7-20-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? 375

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

23. Signature M. A. Jugal (M. D. or other) _____
 Address 3113 Elm St Charleston Mo. Date signed 7-29-40

RECEIVED

District Health Officer No. 2

District File Number 840-128

Date Filed 8/2/40

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, fact should be so stated above.