

Registration District No. 1677

Primary Registration District No. 5901

Registrar's No. 86

81  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Royal, Route 2  
(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 \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Walter Steele  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jammie Steele 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 10, 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 5 If less than one day hr. \_\_\_\_\_ min. 1

9. Birthplace Washington mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name M. C. Steele  
18. Birthplace Mo. barham  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Johnston  
15. Birthplace Washington mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Jammie Steele

(b) Address Royal Route 2

17. (a) (Burial, cremation, or removal) Royal, Phelps (b) Date thereof July 17-90  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Fuller

(b) Address Royal mo

19. (a) July 17, 1940 (b) Jos. F. Myers  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps  
(c) City or town Royal  
(If outside city or town limits, write "RURAL")  
(d) Street No. Royal - Route 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1940 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-15  
\_\_\_\_\_, 1940 to 7-15, 1940  
that I last saw him alive on 7-15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 2 hr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic bilateral pulmonary tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: tuberculosis  
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? 610

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

23. Signature E. E. Feind M.D.  
Address Royal mo Date signed 7-16-40

SEP 8 1944

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.

RECEIVED

District Health Officer No. 5,

District File Number 740 786

Date Filed 7 22 40

Signed S. L. Miller

Licensed Embalmer No. 33970

P. O. Address Reedville

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.