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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34724

State File No. 5

NOV 19 1940

Registration District No. 1004 Primary Registration District No. 5049 Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Boston (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boston Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Boston (If outside city or town limits, write "RURAL")

(d) Street No. In town (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Luvena Steelman

3. (b) If veteran, name war 2

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alex Steelman

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased April (Month) 4 (Day) 1867 (Year)

8. AGE: Years 73 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Laurence Kansas (City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business

FATHER 12. Name James Madwell

13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret Carty

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Uzray Steelman

(b) Address Boston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lakeview Lamar Mo

18. (a) Signature of funeral director Chas J. Yeter

(b) Address Jasper Mo

19. (a) April 21 (Date received local registrar) (b) Thelma Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1940 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 17, 1940 to April 20, 1940 that I last saw her alive on April 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	3 hr
Due to Arterial Hypertension	15 yr
Due to Terminal bronchial pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NW

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? (Specify type of place)

While at work? Or Means of injury

23. Signature James O. Atkins (M. D. or other)

Address Lamar, Mo. Date signed 4/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. J. Teeter, Registered Apprentice No. _____ working under my personal supervision.

Signed Chas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.