

S. No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39884
State File No.

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 171

97
5
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: Fitzgibbon Hospital
(d) Length of stay: In hospital or institution yes
In this community One Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall
(d) Street No. Castle apt. N. Odell
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Charles Dugan Steele
(b) If veteran, name war No
(c) Social Security No. 487-01-44

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 14 year 1940 hour 9 minute 30 A. M.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife: Jeanette Steele
(c) Age of husband or wife if alive 59 years
7. Birth date of deceased: May 25 1880

21. I hereby certify that I attended the deceased from Nov 13 1940 to Nov 14 1940 that I last saw him alive on Nov 14 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 5 Days 19 If less than one day hr. min.

Immediate cause of death: Gen Peritonitis
Due to Gastric Ulcer

9. Birthplace Saline Co Mo

Due to 2 yrs
Other conditions: 11/12
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

11. Industry or business Automobile

12. Name Wm. H. Steele

13. Birthplace Mo

14. Maiden name Frances Elizabeth Ridge

15. Birthplace Mo

16. (a) Informant Bessie Gay
(b) Address Slater Mo

17. (a) Removal (b) Date thereof 11-16-40
(c) Place: burial or cremation Slater Mo 11-16-40

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater Mo

19. (a) 11-15-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: [Signature] (M. D. or other)
Address: [Address] Date signed: [Date]

Duration 1 Day
Underline the cause to which death should be charged statistically.

RECEIVED DEC 12 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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

Edgar Moore

Registered Apprentice No. *230*

working under my personal supervision.

Signed

A. C. Hill

Licensed Embalmer No. *3090*

P. O. Address *States, Mo.*

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.