

WED MAR 17 1941

Registration District No. **877**

Primary Registration District No. **4530**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Schell City
(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 about 41 yrs. years, months or days

3. (a) PRINT FULL NAME MARY ETTA SHAW STEELE

3. (b) If veteran, name war None

3. (c) Social Security No. NO

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John W. Steele

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec. 9, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Cole Co. Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Howard Shaw

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Ann Johnson

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas Rinker

(b) Address Madison Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Lute Lewis & Son

(b) Address Schell City, Mo.

19. Feb 24-41 (Date received local registrar) (b) Pearle Kasper (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1941 hour 1 minute 10 a.m.

21. I hereby certify that I attended the deceased from Feb. 14, 1941, to Feb. 22, 1941; that I last saw her alive on Feb. 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Act W. Gray (M. D. or other) _____

Address Schell City Date signed 2-23/41

Duration

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-474

Date Filed 3-7-41

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.