

No. 2
-13-40
17-39
X23153

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No.: **192**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution 713 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 713 Michigan **1**
(If rural, give location)

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

3. (a) PRINT FULL NAME John W. Steinmetz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 9 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 16 -
year 1941 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 1, 1941 to June 16, 1941
that I last saw him alive on June 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis **346**
Duration

8. AGE: Years 69 Months 9 Days 8 If less than one day _____ hr. _____ min.

Due to Probably tuberculosis of lungs

Due to _____

Other conditions arteriosclerosis
(include pregnancy within 3 months of death)

9. Birthplace Escamado Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____ **17 B**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farm Work

11. Industry or business _____

12. Name George Steinmetz

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

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Meta Bannard

(b) Address 713 Michigan

17. (a) Burial (b) Date thereof 6-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Lester Service

(b) Address 700 Jefferson

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? 11

19. (a) 6-18-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) D.D.

Address Jefferson City Date signed June 18, 1941

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

MOTHER FATHER

L. Bunn

*Manly
Ruffin*

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.....

L. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.