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4-41
7-39
X28390

FILED SEP 9 1941
Registration District No. 17

Primary Registration District No. 5021

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 South Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Thomas Steele

3. (b) If veteran, name war. _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) ~~Single~~ Married

6. (b) Name of husband or wife Mrs. Dora E. Steele 6. (c) Age of husband or wife if alive D.K. years

7. Birth date of deceased September 7, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Funeral Director

11. Industry or business Undertaking

MOTHER FATHER { 12. Name John Alexander Steele
 { 13. Birthplace no data Tenn.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Eliza Jane Batten
 { 15. Birthplace no data Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Widow Mrs. Dora Steele
(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Nedger Nelson
(b) Address Webb City, Missouri

19. (a) AUG. 27, 41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 114 South Penn
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1941 hour 5:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/18/41 to 8/25/41
19____, to _____ 19____.

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary atherosclerosis
Insufficiency & enlarged
Prostate

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address W. 200 City Mo Date signed 8/27/41

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

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. *2859*

P. O. Address *Webb 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.