

Registration District No. 17

Primary Registration District No. 2021

Registrar's No.

1. PLACE OF DEATH:

(a) County Aitchison
 (b) City or town Rural Clarkshero
 (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 ✓
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Aitchison
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 miles northwest of Fairfield
 (If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 20
 year 1941 hour 2:30 minute 0 A. M.
 21. I hereby certify that I attended the deceased from Birth
Nov. 19, 1941, to Nov. 20, 1941;
 that I last saw them alive on 19th Nov, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
(6 1/2 mo. pregnancy)

Duration

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.

3. (a) PRINT FULL NAME JAMES E UNNAMED INFANTS OF IRONA J. STEELE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov 19 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 7 hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name James E. Steele
 13. Birthplace Near Fairfield Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ira Duffman
 15. Birthplace Near Madras, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ray E Steele
 (b) Address Fairfax Mo

17. (a) Burial (b) Date thereof Nov 20, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Grove cemetery

18. (a) Signature of funeral director Schleser Funeral Home
 (b) Address Fairfax Mo.

19. (a) Nov. 20, 1941 (b) Letter B. Black
 (Date received local registrar) (Registrar's signature)

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 Owen J Hunter (M. D. or officer)
 Address Nov. 21 Date signed

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

*These bodies were not
embalmed.*

Signed *Marvin H. Scheeler*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax 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.