

JAN 7 1942

Registration District No. _____

Primary Registration District No. 5559.C.

Registrar's No. 47

1. PLACE OF DEATH

(a) County Jasper TWP. RURAL
(b) City or town _____
(c) Name of hospital or institution: Jasper C. T. BCN Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME John W. Steckstor
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Hettie 6. (c) Age of husband or wife if alive 44
1884 years

7. Birth date of deceased June (Month) 27 (Day) 1884 (Year)

8. AGE: Years 57 Months 5 Days 5 hr. _____ min. _____

9. Birthplace Wier City Kansas (City, town, or county) (State or foreign country)

10. Usual occupation mining

11. Industry or business Zinc & Lead

12. Name William Steckstor

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

14. Maiden name Mary (no record)

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

16. (a) Informant Mrs Hettie Steckstor (b) Address 622 Pearl St. JOLIET MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Sam Hill Dillon

(b) Address 4th & Wall

19. (a) DEC 5 41 (Date received local registrar) (b) A. L. Britehead (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Pearl (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1941 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov 25, 1941 to Dec 2, 1941; that I last saw him alive on Dec 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death illness
tuberculosis
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 0
Signature Gene E. Douglas (M. D. or other) _____
Address Wier City Mo Date signed 7/3/41

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

419
6
0

42-1-1081

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.....

David Dillon

Licensed Embalmer No.....

3898

P. O. Address.....

Joplin, 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.