. S. No. 2
1--11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42621

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 164

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Parnell
(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.

3. (a) PRINT FULL NAME EVA MALINDA STEINMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. 487-14-9458
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luke Steinman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct (Month) 5 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	11	hr. min.

9. Birthplace Centerville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Thomas Lewis
13. Birthplace Birkgardens (City, town, or county) Va. (State or foreign country)
14. Maiden name Elizabeth St. John
15. Birthplace Nomstown (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Luke Steinman
(b) Address Parnell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetery
18. (a) Signature of funeral director Arch C Dunfee
(b) Address Grant City Mo.
19. (a) 12-20 1941 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1941 hour 8 minute P M.
21. I hereby certify that I attended the deceased from 1939, 19, to Dec 16, 1941, that I last saw h. alive on Dec 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	3 days
Gall stone in ileum	2 weeks
Diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Gall stone in ileum
Operated by B J Bystrom
Of autopsy St Francis Hospital

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

23. Signature C. E. Brown (M. D. or other)
Address Maryville Mo Date signed Dec 20 1941

(Licensed Embalmer's Statement on Reverse Side)

APR 13 1942

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City 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, above space should be left blank.