

1. PLACE OF DEATH

(a) County Jefferson
 (b) City or town Dadato, R.F. 1, Valle
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Imp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 33 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
 (c) City or town Dadato Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi east of Dadato on Hwy 21
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

ANNIE STEELE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
 year 1942 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1-3, 1941, to 3-3, 1942
 that I last saw her alive on 3-2, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 938

Other conditions Pneumonitis ch.
(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?
(Specify type of place)

23. Signature Chas C Fallis (M. D. or other) D
 Address De Soto, Mo Date signed 3-5-42

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife James Franklin Steele 6. (c) Age of husband or wife if alive 74 years
 Birth date of deceased Oct 15 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day _____
hr. min.

9. Birthplace Londonderry Ireland
(City, town, or village) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
 12. Name William Moody
 13. Birthplace De Soto Scotland
(City or town, or county) (State or foreign country)
 14. Maiden name Mattie Clegh
 15. Birthplace Londonderry Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Steele

(b) Address Dadato R.F. #1
 (c) Place: burial or cremation Burial

(d) Date there Mar 6 1942
(Month) (Day) (Year)

(e) Signature of funeral director J. Small

(b) Address Dadato Mo

19. (a) 3-24-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

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

50
0
0

050
0
0

0

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

5475

387

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.....

Francis R. Dietrich....., Registered Apprentice No. *258*
working under my personal supervision.

Signed *Donald B. Dietrich*.....
Licensed Embalmer No. *4104*
P. O. Address *Delato 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.