

FILED JUL 23 1942 291

Registration District No. _____ Primary Registration District No. 5654 Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Bedford
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME CATHERINE STECK

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 June 1 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>5</u>	hr. _____ min.

9. Birthplace Old Monroe Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

12. Name Christian Gotfred The

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

14. Maiden name Margaret Seiler

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

16. (a) Informant Chris Steck

(b) Address Troy mo

17. (a) Burial (b) Date thereof June 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Evangelical Old Monroe

18. (a) Signature of funeral director Wayne M. Boy

(b) Address Troy Mo

19. (a) July 1 42 (b) Mrs. M. J. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1942 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1928
_____, 19____, to June 6, 1942
that I last saw her alive on June 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H68

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 JOS Harris (M. D. or physician)

Address Troy, mo Date signed 6-6-42

CATHERINE STECK

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.....

Wayne McLean

Licensed Embalmer No. *3586*

P. O. Address *Jay, 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.