

S. No. 2
 A-1-4-41
 v. 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

28058

State File No. _____

FILED AUG 24 1942

Registration District No. 750

Primary Registration District No. 5982

Registrar's No. 1831

9100
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Ripley
 (b) City or town Cardmon, Mo.
 (c) Name of hospital or institution Rural at home
 (d) Length of stay: In hospital or institution none (Specify whether years, months or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ripley
 (c) City or town _____
 (d) Street No. Rural 9 miles north of Souphan
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country native

3. (a) PRINT FULL NAME Edward Walter Steele
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May, day 31, year 1942 hour 2: minute P.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Alma Steed 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased March 16, 1872
 (Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 2 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 10 days

9. Birthplace Sullivan, Ill. (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 108

11. Industry or business Fraser

Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Samuel Steel
 13. Birthplace Indiana (City, town, or county) (State or foreign country)

{ 14. Maiden name Catharine
 15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Alma Steed

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____

(b) Address Souphan, Mo.
 17. (a) Burial (b) Date thereof 6-2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Sub. Ripley Cem.
 18. (a) Signature of funeral director W. J. Jordan
 (b) Address 25 S. 4th St. Souphan, Mo.

(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? _____

19. (a) 6/2/42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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

23. Signature Clifford [Signature] (M. D. or other) 2/3/42
 Address [Signature] Date signed _____

RECEIVED

District Health Officer No. 5,

District File Number

842661-

Date Filed

8-21-42

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

J. E. Jordan

Licensed Embalmer No.

3200

P. O. Address

Doniphan

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.