

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Amelia Ann Steiman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 25, 1942, to Nov 26, 1942; that I last saw her alive on Nov 26, 1942; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jessie Steiman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1862
(Month) (Day) (Year)

Immediate cause of death Labor Pneumonia Duration 3 days

8. AGE: Years 80 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Patton Wayman

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

14. Maiden name Mary Ann Wayman

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

16. (a) Informant Olto Hardin

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 11/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carter

18. (a) Signature of funeral director Charles A. Williams

(b) Address Albany, Mo.

19. (a) Dec 4, 1942 (b) James B. DeLoach
(Data received from registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

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 _____

23. Signature Charles A. Williams (M. D. or other) MD

Address Gentry Mo Date signed Nov-28-1942

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clifford Brooks
.....
Licensed Embalmer No. 3329

P. O. Address... Albany Me

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.