V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18640

State File No.

FILED JUN 7 19[redacted]

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 164

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

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WKS. (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BENTON 8
(c) City or town WINDSOR R.F.D. #2
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country 1

3. (a) PRINT FULL NAME CARRIE ELIZABETH STEELE CHRYST

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 1 M
6. (b) Name of husband or wife CHANCEY
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 10 (Month) 16 (Day) 1885 (Year)

8. AGE: Years 57 Months 6 Days 29 If less than one day hr. min.

9. Birthplace DRESDEN (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name THOMAS STEELE
13. Birthplace ? (City, town, or county) W. VA. 1 (State or foreign country)
MOTHER
14. Maiden name MARY J. GUNN
15. Birthplace ? (City, town, or county) W. VA. 1 (State or foreign country)
16. (a) Informant CHANCEY CHRYST
(b) Address R.F.D. WINDSOR MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 17 (Day) 1943 (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA MO
19. (a) 5/17/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15th year 1943 hour 11 minute 20 P M.
21. I hereby certify that I attended the deceased from 1923, 19, to 5/15, 1943
that I last saw her alive on 5/15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension (malignant type)	25 yrs
Due to unknown probable hereditary	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

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

23. Signature DP Dyer (M. D. or other) O
Address Sedalia MO Date signed 5/17/43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-3-43

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 L. E. Bouldin

Licensed Embalmer No. 9867

P. O. Address Sidalia

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.