

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21304**

JUL 12 1943
Registration District No. **120**

Primary Registration District No. **4194**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **Albany**
(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
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 **Albany**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1943** hour **10** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 1, 1943** to **June 7, 1943**
that I last saw her **alive** on **June 7, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast** Duration **1 yr**
Due to
Due to **50**
Other conditions (Include pregnancy within 3 months of death)

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 (Specify type of place) (e) Means of injury

23. Signature **Charles N. Williamson** (M.D. or other) **50**
Address **Gentry Mo** Date signed **6-11-43**

3. (a) PRINT FULL NAME **Hattie Beatrice Steel**

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

4. Sex **Female** / race **white** / Color or race
5. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Reece Steel** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **September 12 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 **8** **26** hr. **1** min.

9. Birthplace **Evona Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Joseph F. Kurtright**
13. Birthplace **Evona Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Hardin**
15. Birthplace **Evona Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Reece Steels**
(b) Address **Albany, Mo.**

17. (a) **Burial** (b) Date thereof **6 10 43**
(Burial, cremation, or removal) (Month) (Day), (Year)
(c) Place: burial or cremation **Grandview**

18. (a) Signature of funeral director **Charles N. Williamson**
(b) Address **Albany Mo**

19. (a) **June 16 1943** (b) **James W. Decker**
Date received local registrar (Registrar's signature)
James W. Decker
(Licensed Embalmer's Statement on Reverse Side)

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

FILED
38
0

116
Lipman

MAR 2 1949

DEC 14 1935

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 *C. H. Baker*

..... Licensed Embalmer No. *3329*

..... P. O. Address *Albany TN*

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.