

AUG 7 1943
Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (c) Name of hospital or institution: Court Street at Sixth.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Ethal Apartments
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME FRANCIS ORIENT STEELE
 (b) If veteran, name war No
 (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Nell Jarman-Steele
 (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Feb. 24, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 27 hr. min.

9. Birthplace Cooper County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business Bakery Proprietor

12. Name James E. Steele

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

14. Maiden name Unknown

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

16. (a) Informant Mrs F O Steele

(b) Address Ethal Apts; Fulton, Mo.

17. (a) Burial-Removal (b) Date thereof 7/29/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Leo G. Walker

(b) Address Fulton, Missouri.

19. (a) 7-24-1943 (b) James Morsenkoff
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1943 hour 8:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 13
1943 to July 21, 1943

that I last saw him alive on July 20-43, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration

Due to arterio sclerosis with myocarditis

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 93el

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 [Signature] (M. D. or other) _____
 Address Fulton Mo Date signed 7/22/43

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.....

Robert E. White

Licensed Embalmer No..... *4168*

P. O. Address..... *Fulton, 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, fact should be so stated above.