

FILED DEC 13 1943  
Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 187

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Maryville  
(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 29 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway 24  
(c) City or town Maryville  
(d) Street No. 115 1/2 So, Main 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis Warren Steele

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-07-0519

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

6. (b) Name of husband or wife Mattie Steele 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 7, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 7 11 hr. \_\_\_\_\_ min.

9. Birthplace Monroe Co. Mich  
(City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business \_\_\_\_\_

12. Name Wm. Alexander Steele

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

14. Maiden name Lea Reed

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

16. (a) Informant Maryville Mo.  
(b) Address burial

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 11-21-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hills cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville Mo.

19. (a) Nov. 24 1943 (b) Alvin Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1943 hour \_\_\_\_\_ minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 18 to Nov 18, 1943,  
that I last saw him alive on Nov 18, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&F

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 W.R. Jackson (M. D. or other) \_\_\_\_\_

Address Maryville Date signed 11-19-43

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

**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..... *Clay M Price*.....

Licensed Embalmer No. *1822*

P. O. Address..... *Maryville W*.....

**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.**