

1899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 8 1944

Registration District No. _____

Primary Registration District No. 3000Registrar's No. 4

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community Thife in Knox County
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert N. Steidley

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, divorced years7. Birth date of deceased Feb - 25 - 1879
(Month) (Day) (Year)8. AGE: Years 64 Months 10 Days 13 If less than one day hr. _____ min. _____9. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name John M. Steidley13. Birthplace Washington Va.
(City, town, or county) (State or foreign country)14. Maiden name Matilda Head
(City, town, or county) (State or foreign country)15. Birthplace Lewistown Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Flora Stark(b) Address Novelty, Missouri17. (a) Burial (b) Date thereof Jan-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hurdland, Missouri18. (a) Signature of funeral director Keith Hudson(b) Address Edina, Missouri19. (a) 1/12/44 (b) D. R. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day eight year 1944 hour 12 minute 10 P.M.21. I hereby certify that I attended the deceased from 5th 1944, to January 8 1944; that I last saw him alive on January 7 1944; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia
hemorrhageDue to congestion of lungsDue to congestion of portalOther conditions None
(Includes pregnancy within 3 months of death)Major findings: Of operations No operation 518Of autopsy No 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 323. Signature A. R. Schultz (Date when signed) 1/12/44
Address Community Nursing Home Date signed 1/12/44

(Licensed Embalmer's Statement on Reverse Side)

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

1049

Edina, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-44-290

Date Filed FEB 5 1944

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

Kent Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Minn

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.