

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

FILED FEB 14 1944

State File No.

Registration District No. 1720

Primary Registration District No. 4194

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 2 mo years, months or days)

3. (a) PRINT FULL NAME JULIA STEINMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife George Steinman 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Feb 26 1893 (Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Gentry Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name Wm Martin
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mary Wiles
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Grace Robinson
(b) Address Albany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Bram Bros
(b) Address Denver Mo

19. (a) Jan 16-1944 (Date received local registrar) (b) James W. Decker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
(c) City or town Albany Mo (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1944 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Jan 13 1944 that I last saw her alive on July 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach.

Due to
Due to

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?

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

23. Signature Wm Martin (M. D. or other) Address Albany Mo Date signed Jan 15 1944

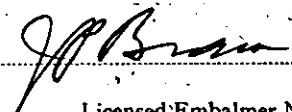
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

2947

P. O. Address.....

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.