

2
-43
-39

35697

FILED MAY 11 1944

Registration District No. _____

Primary Registration District No. ~~5907~~ 5907

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Buffalo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. Alice M Steers

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

4. Sex Female 5. Color White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Steers 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased June 8 - 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Nebo (City, town, or county) See 1 (State or foreign country)

10. Usual occupation None
11. Industry or business None
12. Name Thomas Blacketer
13. Birthplace Burtholomew Ind (City, town, or county) (State or foreign country)
14. Maiden name Martha Connor
15. Birthplace Cent. Know PA (City, town, or county) (State or foreign country)

16: (a) Informant A. Steers
(b) Address RFD Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo Cem. Pike Co Mo

18. (a) Signature of funeral director W. H. Harty Jr
(b) Address Louisiana Mo

19. (a) 4-24-44 (Date received local registrar) (b) F. Harty Jr (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Louisiana (If outside city or town limits, write "RURAL")
(d) Street No. Rural (Tuck Valley) (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1944 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from 2-1-43 to 4-24-44, 19____; that I last saw her alive on 4-20-44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 Alice M Steers (M.D. or Registrar) Address Louisiana Mo Date signed 7/24/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-934

Date Filed MAY 10 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.....

George O. Hagner

....., Registered Apprentice No.....

working under my personal supervision.

Signed

George O. Hagner

Licensed Embalmer No. 3173

P. O. Address *Leicester, 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.