

FILED AUG 31 1944

Registration District No. 326

Primary Registration District No. 6107

Registrar's No. 34

1. PLACE OF DEATH: *Scattaud*

(a) County *Scattaud*

(b) City or town *Tranger, Tenn.*
(If outside city or town limits, write "RURAL" and name of township)

(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 *1*
In this community *life* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Scattaud*

(c) City or town *Tranger*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? *0* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Marion Steeples*

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

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Viola Steeples* 6. (c) Age of husband or wife if alive *58* years

7. Birth date of deceased *Oct. 22. 1881*
(Month) (Day) (Year)

8. AGE: Years *62* Months *8* Days *26* If less than one day _____ hr. _____ min.

9. Birthplace *Mo. 0*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farming*

MOTHER FATHER { 11. Industry or business

{ 12. Name *Benjamin Steeples*

{ 13. Birthplace *7001*
(City, town, or county) (State or foreign country)

{ 14. Maiden name *Aminda Spauld*

{ 15. Birthplace *Memphis, Tenn.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Viola Steeples*

(b) Address *Tranger, Mo.*

17. (a) *Burial* (b) Date thereof *July 20-1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Black Oak C.*

18. (a) Signature of funeral director *Bertie G. Leub.*

(b) Address *Kokaha, Mo.*

19. *July 24, 1944* (b) *Bessie Wilson*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *18*
year *1944* hour *78* minute *30 P. M.*

21. I hereby certify that I attended the deceased from *July 9 1944* to *July 18 1944*
that I last saw him alive on *July 18 1944*
and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic Myocarditis*

Due to *Chronic Parenchymatous Nephritis*

Other conditions (Include pregnancy within 3 months of death)

Major findings: *131 f*
Of operations _____

Of autopsy _____

Duration _____

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: _____

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) (c) Means of injury _____

23. Signature *Dr. M. Keethler* (M.D. or other) _____

Address *Memphis, Mo.* Date signed *7-20-44*

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

900

RECEIVED

District Health Officer No. 10

District File Number 8-44-14

Date Filed

AUG 11 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

Olin L. Lutting

Licensed Embalmer No.

2965

P. O. Address

Luray 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.