

FILED JAN 4 1945  
Registration District No. 80

Primary Registration District No. 5307

Registrar's No. 19

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

1. PLACE OF DEATH: *Cole*

(a) County *Cole*

(b) City or town *Russellville Rural (Monroe)*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Jury*

(If not in hospital or institution, write street number or location) *1*

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME *WILLIAM J. STEENBURGEN*

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*

(b) Name of husband or wife *Irona Steenburgen* 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *Dec 19 1879*  
(Month) (Day) (Year)

8. AGE: Years *65* Months *9* Days *20* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation *Farmer*

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

MOTHER FATHER

12. Name *Robert Steenburgen*

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

14. Maiden name *Roberta Inot*

15. Birthplace *Russellville Mo*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Lloyd Steenburgen*

(b) Address *Russellville Mo*

17. (a) *Burial* (b) Date thereof *12-11-44*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Elyse Ave*

18. (a) Signature of funeral director *Walter L. Leslie*

(b) Address *Russellville Mo*

19. (a) *Dec 11 44* (b) *Wm. E. W. Plummer*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Cole*

(c) City or town *Russellville Rural*  
(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 *Dec* day *9th*  
year *1944* hour *3* minute *40 P.M.*

21. I hereby certify that I attended the deceased from *Dec. 1 1944* to *Dec. 9 1944*  
that I last saw him alive on *Dec. 9 1944*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of Stomach with Metastasis of Liver* Duration *2 yrs*

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 *Walter L. Leslie* (M. D. or other) \_\_\_\_\_  
Address *Russellville Mo* Date signed *12-11-44*

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 1-3-45

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 *E. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russville 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.