S. No. 2
1—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17335

Registration District No. 76 — Primary Registration District No. 5658 — Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Stotts City Rural - Vineyard Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community (Specify whether years, months or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lawrence
(c) City or town: Stotts City Rural (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 .....

3. (a) PRINT FULL NAME: Florida Jane Steele
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Fe
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jefferson Steele
6. (c) Age of husband or wife if alive: 88 years
7. Birth date of deceased: Jan (Month) 27 (Day) 1869 (Year)
8. AGE: Years 76 Months 2 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace: Lawrence Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
12. Name (Father): Lark Johnson
13. Birthplace (Father): Tenn. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Jeff Steele
(b) Address: R.R. Stotts City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: South Bend Cem
18. (a) Signature of funeral director: H. D. Forott
(b) Address: Mt Vernon, Mo.
19. (a) Apr 27 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1945 hour 2:00 minute 2:00 P.M.
21. I hereby certify that I attended the deceased from 3/23, 1945 to 3/29, 1945 and that I last saw her alive on 3/29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	unknown
Due to: Chr. myocarditis	
Due to: C. Decompensation	
Due to: and Chr. nephritis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature: Kenneth Glover (M. D. or other) .....
Address: Mt Vernon, Mo Date signed 4/5/45

182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 545-605
Date Filed MAY 15 1945

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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.