

FILED SEP 11 1945

Registration District No. 53

Primary Registration District No. 3.0.1.0

Registrar's No. 253

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: In ambulance - At St. Francis entrance  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community all of life - a few hours  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72  
(c) City or town New Madrid 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

FRANCIS STEEL

(b) If veteran, name war No

(c) Social Security No. No.

4. Sex M. O 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jennie Steel  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Feb 9 - 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 29  
If less than one day hr. min.

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

10. Usual occupation Surveyor

11. Industry or business

12. Name Francis Steel  
13. Birthplace New Madrid Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Moore  
15. Birthplace New Madrid Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Long

(b) Address New Madrid, Mo.

17. (a) Buried (b) Date thereof Aug 10 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emergence

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) 8-14-45 (b) H. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
year 1945 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_

Due to Chronic myocarditis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 940  
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)  
Means of injury 3

23. Signature Dr. J. F. Liggins (M. D. or other) Coroner  
Address Jarvis, Mo. Date signed 8/8/45

1014

MAY 27 1948

RECEIVED

District Health Officer No. 4  
District File Number 945-1068  
Date Filed 9-8-45

**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 *W. H. G. Smith*  
Licensed Embalmer No. 3883  
P. O. Address New Madrid, 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.