V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1946

State File No. 40764

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 389

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 1 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 days (Specify whether years, months or days) In this community 1 yr 5 d

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 14

(c) City or town Enon Rural 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Steers

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep (Month) 4 (Day) 1860 (Year)

8. AGE: Years 85 Months 3 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John H Steers
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Fusher
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo.

19. (a) 12-12-1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 12 year 1945 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 1-6-, 1945, to 12-12-, 1945 that I last saw him alive on 12-11-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyelonephritis	
Due to Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury?

23. Signature George W Rees (M. D. or other) M D

Address Fulton Mo Date signed 12/12/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-12-46

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 Denzil O. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Miss.

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.