

FILED FEB 11 1946

Registration District No. 155

Primary Registration District No. 4245

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Camargo

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 26 Yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town _____
(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 Virginia Frances Steele

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 4:45 minute AM

4. Sex Female 5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Jan 30 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1946 to Jan 26 1946
that I last saw her alive on Jan 26 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 26 hr. _____ min. _____

9. Birthplace Tower Hill Ill.
(City, town, or county) (State or foreign country)

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Joseph F. Masterson

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

14. Maiden name Frances D. Masterson

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

Major findings: Of operations 55

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Waring

(b) Address Camargo, Mo.

17. (a) Removal (b) Date thereof Jan 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Mo.

18. (a) Signature of funeral director Wright City Und. Co.

(b) Address _____

19. (a) JAN 26; 46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____

Address [Address] Date signed [Date]

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

1407

46-1-21

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed..

Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wet City 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.