

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1946 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29643

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1006 State File No. _____

1. PLACE OF DEATH:
(a) County Wagoner
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs 8 months
In this community 11 years, 8 months, 0 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo County Grundy
(b) City or town Speckard, Mo.
(If outside city or town limits, write "RURAL")
(c) Street No. Rural
(If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Steele
(b) If veteran, name war No
(c) Social Security No. Med
4. Sex Male Color or race White
5. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov 21 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 25³ P
year 1946 hour 4 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1 1946 to 9/3 1946
that I last saw him live on 9/3 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>12</u>	hr. _____ min.

Immediate cause of death: Hypostatic pneumonia, cystitis, retention of urine
Due to probably prostatic
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business no farmer
12. Name Samuel B Steele
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Ella Norton
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Russel Fisher
(b) Address Kingston, Mo
17. (a) Burial, cremation, or removal Burial
(b) Date Sept 6 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Mo.
18. (a) Signature of funeral director Walter K. Bowman
(b) Address St. Joseph, Mo.
19. (a) Sept. 6, 1946 (Date received local registrar)
(b) [Signature] (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)
(a) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address State Hospital # 2 Date signed 9/3/1946

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

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

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..... *Raymond W. Merhead*

Licensed Embalmer No..... *4413*

P. O. Address..... *319 So 10th St Joseph*

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.