

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. **32683**
Registrar's No. **171**

FILED OCT 28 1946
Registration District No. **22**

Primary Registration District No. **5094**

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Prairie City, Mo. (Route 1 Rockville, Mo.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 66-3-8

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Prairie City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 Rockville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN STEINER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife JAHANA C. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JUNE 30 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 16 Sept 1946 to 8 Oct 1946 that I last saw him alive on 8 Oct 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy 94A

10. Usual occupation Merchant

11. Industry or business Wholesale

MOTHER FATHER

12. Name Rudolph Steiner

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

14. Maiden name Eliga Wirtz

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Herman Steiner

(b) Address Route 1 Rockville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/46
(Month) (Day) (Year)

(c) Place: burial or cremation Refuge Cemetery, Prairie City

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? 0

18. (a) Signature of funeral director Rich Hill, Mo.

(b) Address _____

19. (a) Oct. 15, 1946 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature W. H. [unclear] (M. D. or other) MAJ

Address Appleton City, Mo. Date signed 10-10-46

670723 MAR

RECEIVED
District Health Officer No. 7
District File Number 9-46-10-95
10-25-46

STATEMENT BY LICENSED EMBALMER
District File Number Officer No. 7

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harold M. Douglas

Registered Apprentice No. 410

working under my personal supervision.

Signed *John M. Underwood*
Licensed Embalmer No. 3585
P. O. Address *Butler 220*

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.