

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 329417

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

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

(d) Length of stay: In hospital or institution 42 yrs. (Specify whether years, months or days)

In this community 42 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 570 W. Cherry St - 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bess L Steuber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife J. H. Steuber

6. (c) Age of husband or wife if alive 71 years

Birth date of deceased Feb 6, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 46 hour 7 minute 04 A.M.

21. I hereby certify that I attended the deceased from Nov. 21, 1946 to Nov. 24, 1946
that I last saw her alive on Nov 24 and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis

Duration 4 da

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>18</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Sanford A. Roberts

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

14. Maiden name Aura Manning

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

16. (a) Informant J. H. Steuber

(b) Address 570 W. Cherry St -

17. (a) Removal (b) Date of cof. 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milford Ill

18. (a) Signature of funeral director Carl King Funeral Home

(b) Address Nevada, Mo

19. (a) 11-30-46 (b) Kathryn Jansuy
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Gastric ulcer
(Include pregnancy within 3 months of death)

Major findings: 117A

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? _____

(a) Signature _____ (Specify type of place) _____
(b) Address _____ (c) Means of injury _____

23. Signature CR King (M.D. or other) _____
Address Nevada, Mo Date signed 11-25-46

Date Embalmed 12-6-46
District No. 11-46-3061
District No. 7

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 *Mark E. Eibinger*

Licensed Embalmer No. *26 H*

P. O. Address *Nebraska, 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.