

FILED JAN 20 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5339

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Fortescue Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 66 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State M. I. S. E. N. T. I. (b) County Holt 44  
(c) City or town Fortescue (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 Roberta Steele

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Baley Booley  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Mintan  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Shortell, (b) Address Rossville Calif.

17. (a) Burial (b) Date thereof 1-3-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fortescue Mo.

18. (a) Signature of funeral director W. H. Crawford (b) Address Mound City Mo.

19. (a) Jan 11 47 (b) 47 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31 46 to Dec 31 46  
that I last saw him alive on Dec 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 947  
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 F. E. Hoagans (M. D. or other) Mound City Date signed 1-3-46

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *W. K. Crawford*  
Licensed Embalmer No. *1824*  
P. O. Address *Mound 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.