

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14256

Registration District No. 211

Primary Registration District No. 5777

Registrar's No. 2-47

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:
Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community 12 YRS
years, months or days

3. (a) PRINT FULL NAME George Steinbaugh

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 10 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>23</u>	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

9. Birthplace OTTAWA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name J. B. Steinbaugh 9

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

14. Maiden name _____ 9

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

16. (a) Informant Local Burial - 1

(b) Address Tuscomb

17. (a) BURIAL (b) Date thereof 4-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon - C.M.

18. (a) Signature of funeral director Keith M. Kays

(b) Address Eldon Mo

19. (a) April 6 - 47 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town OSAGE LAKE OSARK 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis years

Due to Coronary Arteriosclerosis years
Disease

Due to _____

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

Major findings:
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? _____

While at work? _____ (Specify type of injury)

(c) Manner of injury 2

23. Signature M. E. Hays (M or other) DO

Address Tuscomb Mo Date signed 4/7/47

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-21-47

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 Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Elbow 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.