

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947
Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23962
Registrar's No. _____

Primary Registration District No. 5463

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Jay Grove 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)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Jay Grove, Mo.
(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 James Harvey Steele

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 Married
6. (b) Name of husband or wife Lucy Steele 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 1 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Dora Steele

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

14. Maiden name Elizabeth Cannon Fox

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

16. (a) Informant Margaret Blodgett
(b) Address Jay Grove Mo.

17. (a) Burial (b) Date thereof 7-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director B. B. Jones
(b) Address Buffalo Mo.

19. (a) July 15, 1947 (b) Mrs. Porter O'Dell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 47 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 14 1947 to June 25 1947
that I last saw him alive on June 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death)
Major findings: 97
Of operations _____
Of autopsy _____

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? U

(Specify type of place) _____
(Specify type of injury) _____
While at work? _____
23. Signature G. P. H. Foster (M. D. or other) M.D.
Address St. Louis Mo Date signed 7/10/47

Duration

3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office,

County File Number 47-2-68

Date Filed 7-24-47

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 Maquis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.