

Registration District No. **360**

Primary Registration District No. **3076**

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

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution two days
(Specify whether years, months or days)
 In this community many years

3. (a) PRINT FULL NAME Edwin Thomas Steele
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenora C. Hall Steele
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased. Nov. 25 1866
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Cooper Co., Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farm Loan Examiner

11. Industry or business
12. Name John Steele
13. Birthplace Unknown
14. Maiden name Malinda Caroline Dalton
15. Birthplace Cooper Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Steele
(b) Address Nevada Mo.
17. (a) Burial **(b) Date thereof** Nov 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richards Cemetery

18. (a) Signature of funeral director Allen V. Kay
(b) Address Nevada Mo.
19. (a) 12-15-47 **(b) Nathaniel Yarcusy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 326 W. Arch Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
 year 1947 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from Nov 23 1947 to Nov 28 1947
 that I last saw him alive on Nov 27 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration Don't Know
Autopsy for 5 days
Due to Don't Know

Due to _____
Other conditions Broncho Pneumonia
(include pregnancy within 3 months of death)
Duration Since Nov 27

Major findings:
Of operations none
Of autopsy none
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? **(e) Means of injury** W8 Love
(Specify type of place)
23. Signature W8 Love **(M. D. or other)** _____
Address Nevada, Mo **Date signed** 11/30/47

RECEIVED
District Health Officer
District No. 7,
11-47-1472
District No. 12-24-47
Date Filed

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..... *Allen T. Kays*

Licensed Embalmer No. *1968*

P. O. Address *Nevada, 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.