No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 875

FILED FEB 3 1948

Registration District No. 3082

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1011 West 13th Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GRUNDY 40
(c) City or town TRENTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 West 13th Court 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLEY R. STEELE
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nellie R. Steele
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 10 (Day) 1880 (Year)

8. AGE: Years 67 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Tazewell County (City, town, or county) Virginia (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Francis Marion STEELE
13. Birthplace Tazewell County (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Nancy SYKES
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant Raymond F. Steele
(b) Address Trenton, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 20 48 (Month) (Day) (Year)
(c) Place: burial or cremation Edinburg Iron County
18. (a) Signature of funeral director Raymond Davis
(b) Address Trenton, Mo.
19. (a) 1/20/48 (Date received local registrar) (b) Irene Fain (Registrar's signature) 1/5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18 year 1948 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from 2-23- 1946 to 1-19- 1948 that I last saw him alive on 1-16- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease
Due to Hypertension-arterial
Due to Chronic Valvular Disease
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature Wm A Tuson (M. D. or other) MD
Address Trenton Mo Date signed 1-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Mayer Registered Apprentice No. 458, working under my personal supervision.

Signed: [illegible] Davis

Licensed Embalmer No. 3424

P. O. Address: Trenton, 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.