. 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
FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5596

Registration District No. 2238 Primary Registration District No. 4355 Registrar's No. 265

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: All of life (Specify whether years, months or days)
In this community: All of life

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

3. (a) PRINT FULL NAME: JENNIE MARRIE STEEL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: W. L. Steel
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 6 (Day) 1882 (Year)
8. AGE: Years 65 Months 6 Days 26 If less than one day hr. min.
9. Birthplace: New Madrid (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Lafe Howard
13. Birthplace: New Madrid (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Lena Dawson
15. Birthplace: New Madrid (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs Jack Long
(b) Address: New Madrid Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen
18. (a) Signature of funeral director: Richards Funeral Co
(b) Address: New Madrid Mo.
19. (a) 2-6-48 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1948 hour 3:00 minute a.m.
21. I hereby certify that I attended the deceased from October, 1947, to Jan 26, 1948; that I last saw her alive on Jan 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rh. Ht Disease	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: B	
Of autopsy: NS	

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) O
While at work? (e) Means of injury
23. Signature: B J Allenstein (M. D. or other) M.D.
Address: New Madrid Date signed: 1-29-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 27 1948

RECEIVED
District Health Office No. 2,
District File Number 248-244
Date Filed 2-16-48

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 Allen C McGadden Registered Apprentice No. 512, working under my personal supervision.

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.