S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8095

State File No.

Registration District No. 32

Primary Registration District No. 5184

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Millersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Whitewater Tax
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Millersville
(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 MARTHA JANE STEELE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Carmi Steele
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan 27, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	2	10	hr. min.

9. Birthplace Daisy (N.C) Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Daniel Hinkle
13. Birthplace Tennessee ~~N. Carolina~~ (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Drum
15. Birthplace Daisy Mo (City, town, or county) (State or foreign country)
16. (a) Informant R. D. Steele
(b) Address Millersville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Snider Cemetery
18. (a) Signature of funeral director R. Miller
(b) Address Jackson
19. (a) 4-10-48 (Date received local registrar) (b) D. G. Seibert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 1948 hour 12 minute 25 P.M.
21. I hereby certify that I attended the deceased from March 1, 1948 to April 7, 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature [illegible] (M. D. ~~or other~~)
Address Jackson Mo Date signed 4-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 448-501
Date Filed 4-14-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson 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.