

FILED MAR 18 1948

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaGrange
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community two & one half hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town LaGrange 2
(If outside city or town limits, write "RURAL")

(d) Street No. X 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Berlene Steele

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1948 hour 1:00 minute 40 P.M.

3. (b) If veteran, name war X 3. (c) Social Security No. X

21. I hereby certify that I attended the deceased from MARCH 7, 1948, to MARCH 7, 1948; that I last saw her alive on MARCH 7, 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced X ()

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years 7 (Day) 1948 (Year)

7. Birth date of deceased March (Month) (Day) (Year)

Immediate cause of death PREMATURE BIRTH AT 5 MO GESTATION

8. AGE:	Years	Months	Days	If less than one day
	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u> hr. <u>30</u> min.

Due to PLACENTA PREVIA OF MOTHER

9. Birthplace LaGrange Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation X

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business X

Major findings: Of operations 159

12. Name Russell Steele

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

14. Maiden name Sylvia Clay

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Russell Steele

(a) Accident, suicide, or homicide (specify) _____

(b) Address LaGrange, Missouri

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Mar 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Riverview Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Paul A. Vaughn

While at work? _____ (Specify type of place) (e) Means of injury 0

(b) Address LaGrange, Missouri

23. Signature W. L. Young MD (M. D. or other) _____
Address LaGrange, Miss Date signed 3/8/48

19. (a) 3-11-48 (b) W. L. Young MD
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 3-48-497
Date Filed MAR 15 1948

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 this body
was not embalmed
working under my personal supervision.

Registered Apprentice No. _____

Signed Paula A. Vaughn

Licensed Embalmer No. 4509

P. O. Address. La Grange, 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.