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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22949**
Registrar's No. **56**

Registration District No. **133**

Primary Registration District No. **3022**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Bethany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethany Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Three Days** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**
(c) City or town **NE part of New Hampton 1**
(If outside city or town limits, write "RURAL")
(d) Street No. **Vine Street** **1**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Hiram Venoah Steele**

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

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Lou Steele** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Jan 21 1874**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **Hentry County MO 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business _____

12. Name **Harvie Steele**

13. Birthplace **Not Known Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Crabtree**

15. Birthplace: **Not Known Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Rowlett**

(b) Address **New Hampton Mo**

17. (a) **Burial** (b) Date thereof **June 13 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Foster Cemetery**

18. (a) Signature of funeral director **W. H. Noble**

(b) Address **New Hampton Mo**

19. (a) **July 2 - 1948** (b) **Gla Burrell III**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1948** hour **8** minute **5** P. M.

21. I hereby certify that I attended the deceased from **4-18**, 1948, to **6-11**, 1948
that I last saw him alive on **6-11**, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-cranial hemorrhage (Recurrent)** Duration **2 mo.**

Due to **Hypertensive arteriosclerosis vascular disease**

Due to _____

Other conditions (include pregnancy within 3 months of death) **Mening cystitis**

Major findings: Of operations _____ Of autopsy **93**

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Louis P. Bunting** (M. D. or other) _____

Address **Bethany Mo** Date signed **8-24-48**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

DISTRICT HEALTH OFFICE
~~Case~~ No.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address _____

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.