FILED JUN 7 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18695

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 107

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 42 years (years, months or days) 2:1E

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper
(c) City or town Boston Mo (If outside city or town limits, write "RURAL")
(d) Street No. In town (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Wray Donald Steelman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen Steelman
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased 2-18-1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Boston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 12 Alexander Steelman
FATHER 12. Name 13 Rhoadhouse Ill.
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lauren Maxwell
15. Birthplace Lawrence (City, town, or county) Ks (State or foreign country)
16. (a) Informant Mrs. Wray D. Steelman
(b) Address Boston Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lamar Mo.
18. (a) Signature of funeral director Chas. J. Seeler
(b) Address Jasper Mo.
19. (a) May 16, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 6 minute 20 p M.

21. I hereby certify that I attended the deceased from May 10, 1940, to May 14, 1940; that I last saw him alive on May 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cardiovascular failure	36 hrs.
Due to Tetanus	6 days
Due to Infection right index finger, origin unknown	15 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 8605 (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. H. Isbell Jr. (M. D. or other) M.D.
Address Jasper, Mo. Date signed 5/15/40

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1947

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 Thos. J. Teeter, Registered Apprentice No. _____, working under my personal supervision.

Signed Thos. J. Teeter

Licensed Embalmer No. 25-66

P. O. Address Jasper 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, above space should be left blank.