

REC'D JUL 15 1940

Registration District No. 355

Primary Registration District No. 5498

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Walker Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether

In this community Life  
years, months or days)

8. (a) PRINT FULL NAME William Earl Steele

8. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Miss Hillbrand Steele 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased November 29 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Albert Steele

13. Birthplace Montrose Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Simpson

15. Birthplace unknown Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Steele

(b) Address Montrose, Mo RFD 1

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Ceme

18. (a) Signature of funeral director Fred W. Altman

(b) Address Clinton Missouri

19. (a) 5-18-40 (b) W.E. Baggerly  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Montrose, Mo RFD #1  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16<sup>th</sup>  
year 1940 hour 4:00 PM minute M.

21. I hereby certify that I attended the deceased from 1938 to May 16 1940  
that I last saw him alive on Dec 26 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Torsion of testicle with necrosis Duration last 40

Due to Torsion of testicle

Due to none

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations Torsion of testicle

Of autopsy none

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) no

(b) Date of occurrence

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 317  
(Specify type of place)

While at work? (e) Means of injury

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton, Mo. Date signed May 16 1940

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

RECEIVED  
District Health Officer No. 7,  
District File Number 2-40-987  
Date Filed 2-9-40

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clenton W.

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.