DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7847

FILED MAR 19 1941

Registration District No. 88

Primary Registration District No. 4412

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Frankford (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 ____ In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike 81

(c) City or town: Frankford 0 (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: Dellah Lucas Steel

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Femal

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wid

6. (b) Name of husband or wife: Henry Steel

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Sept (Month) 27 (Day) 1867 (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Frankford (City, town, or county) - O Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business ____

MOTHER FATHER

12. Name: Samuel Parker Lucas

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

14. Maiden name: Margaret Summers

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

16. (a) Informant: George Lucas

(b) Address: Frankford Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Frankford Missouri

18. (a) Signature of funeral director: Field & Son

(b) Address: Frankford Missouri

19. (a) Feb-15-41 (Date received local registrar) (b) Mattie Unzell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 3 year: 1941 hour: 6 minute: 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 3, 1941, that I last saw her alive on Feb-3-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza — Duration

Due to: Hf

Due to: Hf

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: O. W. Lindsey (M. D. or other) Q

Address: Frankford, Mo. Date signed: 2/13/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-531
Date Filed MAR 10 1941

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 Joe Fuller Megown

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.