No. 2

X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28337

FILED SEP

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 690

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1512 W. Lee (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community ~~1512 W. Lee~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1512 W. Lee (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY BUELL STEELY

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

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

7. Birth date of deceased March (Month) 12 (Day) 1868 (Year)

8. AGE: Years 73 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Unknown Ill (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Labour

FATHER
12. Name Hope Steely
13. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Mosely
15. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Young

(b) Address 1512 W. Lee City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel Co

18. (a) Signature of funeral director W. Lingner & Co

(b) Address Springfield Mo.

19. (a) 8-25-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1941 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from Aug 18 1941 to Aug 23 1941 that I last saw him alive on Aug 23 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia resulting arterial Hypertension	5 days
Due to ~~Arteria~~	
Due to	
Other conditions Arteria Sclerosis (Include pregnancy within 3 months of death) Arterial Hypertension	
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 C. Max Tolet (M. D. or other) MD

Address Springfield Mo. Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Thoa

Licensed Embalmer No. 407

P. O. Address Spring Fu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28337

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 690

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

Springfield Mo.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Henry B. Steely

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 12 (Day) 1868 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia resulting	
Arteria hypotension	
Due to Arterial Hypertension	
Chronic Nephritis	30 years
Due to	
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.

SUPPLEMENTARY

131B

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 W Max Pitt (M. D. or other)
Address Date signed