S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32015

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 255

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal C.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day ?

2. USUAL RESIDENCE OF DEACESED:
(a) State Illinois (b) County Adams 999
(c) City or town Quincy 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 619 Payson Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 01

3. (a) PRINT FULL NAME Amanda Steele
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert F. Steele
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March 27 1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At home
11. Industry or business —
MOTHER FATHER
12. Name (Do not know) ?
13. Birthplace (Do not know) ? (City, town, or county) (State or foreign country)
14. Maiden name (Do not know)
15. Birthplace (Do not know) ? (City, town, or county) (State or foreign country)
16. (a) Informant Ray Lutz
(b) Address 427 South Fifth Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Ray J. Schwartz
(b) Address Hannibal Missouri
19. (a) 9-13-41 (Date received local registrar) (b) W. E. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1941 hour 6:45 minute P.M.
21. I hereby certify that I attended the deceased from Sept 11, 1941, to Sept 11, 1941; that I last saw her alive on Sept 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to
Due to
Other conditions 93d
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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 B. G. Murphy (M. D. or other) M.D.
Address Hannibal Mo. Date signed 9-13-41

(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 Ray P. Schwartz, Registered Apprentice No. ..... working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal, M

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.