

S. No. 2
-1-4-41
5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CURSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7636**

FILED MAR 5 1945
Registration District No. **19750**

Primary Registration District No. **5987**

Registrar's No. **1797**

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

1. PLACE OF DEATH:
(a) County **Ripley**
(b) City or town **Jordan Twp.**
(c) Name of hospital or institution: **Rural**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **-** (Specify whether
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Ripley**
(c) City or town **Jordan Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **native** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MARY STEELE**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **-**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.**, day **25**
year **1942**, hour **7**, minute **30**, P. M.

4. Sex **M**, 1 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Tom Steele**
6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **2-17-1910**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-1** 19 **42** to **1-25** 19 **42**
that I last saw h **alive** on **1-25** 19 **42**
and that death occurred on the date and hour stated above.
Immediate cause of death **Lobar Pneumonia 10 days**

8. AGE: Years Months Days If less than one day
32 11 8 hr. min.

Due to **Lobar Pneumonia 10 days**
Due to

9. Birthplace **Ripley Co. Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings: Of operations **106**
Of autopsy

11. Industry or business

12. Name **Sam W. Sullivan**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Tom Steele**

(b) Address **Dorphan Mo. Oak Ridge**

17. (a) **Burial** (b) Date thereof **1-27-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge - Dorphan**

18. (a) Signature of funeral director **F.B. Jordan**
(b) Address **Dorphan Mo.**

19. (a) **1/28/42** (b) **E.B. Johnston**
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Clifford Johnston** (M. D. or other)
Address **Dorphan Mo.** Date signed

674 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

2-4-2-13

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.....

Licensed Embalmer No. *32001*

P. O. Address *Dorchester, Mass.*

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.