

S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31128

FILED OCT 7 1943

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 3 weeks
years, months or days

3. (a) PRINT FULL NAME Emma B. Steiner

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Wred Steiner 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 22 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 5 hr. min.

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

10. Usual occupation House-wife

11. Industry or business _____

12. Name J.M. Riley

18. Birthplace Schannan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Campbell

15. Birthplace Atchison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wred Steiner

(b) Address Amsterdam Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon Cemetery

18. (a) Signature of funeral director Archie Mangels

(b) Address Amsterdam Mo.

19. (a) Sept. 28, 1943 (b) Pauline Cumpton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Westpoint Twp.
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Aug. 28, 1943, to Sept 27, 1943
that I last saw her alive on Sept 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Diabetes mellitus

Due to complications

Due to gangrene foot

Other conditions Amputation
(Include pregnancy within 3 months of death) fracture limbs

Major findings: Of operations _____

Of autopsy 61

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 Archie Mangels (M. D. or other) MD

Address Butler, Mo Date signed 9/30/43

1504

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

9-43978
10-5-43

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, Edby

Registered Apprentice No. _____

working under my personal supervision.

Signed

E. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.