

Registration District No. 128 Primary Registration District No. 2000

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: Springfield Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 hrs (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**3. (a) PRINT FULL NAME** ELMER E. L. STEELMAN  
 3. (b) If veteran, name war World War II 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Dulpha 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased Sept. 25 - 1913  
 (Month) (Day) (Year)

**8. AGE:** Years 33 Months 0 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Drum Miner

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** 12. Name Anna Steelman

13. Birthplace Jadwin, Mo (City, town, or county) (State or foreign country)

14. Maiden name Esther Thompson

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

16. (a) Informant Virginia Yelton

(b) Address Red Top, Mo

17. (a) Burial (b) Date thereof Oct-27-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo

18. (a) Signature of funeral director C. E. Zeller

(b) Address Springfield, Mo

19. (a) 10-28-46 (b) W. H. Handy M.D. (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Dallas  
 (c) City or town Del Rio (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Oct. day 23 year 1946 hour \_\_\_\_\_ minute 5:15 P.M.  
 21. I hereby certify that I attended the deceased from 10/23 to 10-23-46, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Burns caused by accident involving truck on highway and burning truck  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
1700  
28

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) auto accident  
 (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. E. Zeller (M. Doctor) \_\_\_\_\_  
 Address Springfield, Mo Date signed 10/25/46

now coll. Car overturned 46

FEB 24 1947

APR 16 1947

SEP 18 1947

APR 2 1947

OCT 24 1947

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 *Edward J. [Signature]*

Licensed Embalmer No. 2508

P. O. Address *Buffalo, 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, fact should be so stated above.