

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28801

Registration District No. 376 Primary Registration District No. 6075 Registrar's No. 272

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington Rural St. Francois
(c) Name of hospital or institution State Hospital No. 4
(d) Length of stay: In hospital or institution 3 yrs 5 mos.
In this community 20 yrs 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott 94
(c) City or town Chaffee Center
(d) Street No. 221
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME AMANDA ISABELLE STEEN
(b) If veteran name war.
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31 year 1947 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from April 19, 1946 to July 31, 1947 that I last saw her alive on July 31, 1947 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 16 1877

Immediate cause of death: tubercularis
Due to...
Due to...
Other conditions...
Major findings: Of operations...
Of autopsy... No autopsy.

8. AGE: Years 70 Months 0 Days 15

9. Birthplace Farmington Mo.

10. Usual occupation Housework

11. Industry or business

12. Name James STORY

13. Birthplace NO RECORD

14. Maiden name NO RECORD

15. Birthplace

16. (a) Informant Mrs. Pauline...
(b) Address Chaffee Mo.

17. (a) Burial, cremation, or removal
(b) Date thereof Aug 2, 1947

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

19. (a) Date received local registrar 8-14-47
(b) Registrar's signature Esther Rudloff

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) State Hospt. No. 4
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature George K. Reers (M. D. or other) M.D.
Address Farmington Mo. Date signed 8-6-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 847-1076
Date Filed 8-19-47

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.....

J. L. Long
Licensed Embalmer No. 3870
P. O. Address Cape Girardeau

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.