

1906
39
47

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. **25703**
Registrar's No. **73**

FILED SEP 2 1948

Registration District No. **55**
Primary Registration District No. **3011**

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

1. PLACE OF DEATH:
(a) County **Carroll**
(b) City or town **Carrollton**
(c) Name of hospital or institution: **Atwood Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hrs.**
In this community **6 yrs.** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **EVA K. STEINMETZ**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **26** year **1948** hour **2** minute **00** M.
21. I hereby certify that I attended the deceased from **8-26** **1948** to **8-26** **1948** that I last saw her alive on **11 P.M.** **1948** and that death occurred on the date and hour stated above.

4. Sex **Fe!** **5. Color** **W** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **Wm Steinmetz** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **June 2 1875**
(Month) (Day) (Year)

Immediate cause of death **Angina Pectoris** **3 yrs?**
Due to _____
Due to _____

8. AGE: Years **73** Months **2** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Armstrong Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business
12. Name **George Morris**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Dorothy Brenton**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **A+B**
Of operations _____
Of autopsy _____

16. (a) Informant **Mrs John Brenton**
(b) Address **Carrollton Mo**
17. (a) Burial, cremation, or removal **Glasgow Mo** **(b) Date thereof** **8-28-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Glasgow Mo**

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? _____

18. (a) Signature of funeral director **Stanley Wilson**
(b) Address **Carrollton Mo**
19. (a) **8/27/48** **(b) M. Verdine**
(Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **W.S. Atwood** (M. D. or other)
Address **Carrollton Mo** **Date signed** **8/27/48**

RECEIVED

District Health Officer No. 8,

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-1-48

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. Carrollton 2

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.