

1938 OCT 19

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32040
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper Registration District No. 2-2-B
(b) Township _____ Primary Registration District No. 5704
(c) City Pleasant Green Street No. _____ Registered No. 5-8
(e) Length of residence in city or town where death occurred 35 yrs. (If death occurred in Hospital or Institution, write its name instead of street and number) mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Stemberger
(a) Residence, No. Pleasant Green Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andy Stemberger
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1887
7. AGE YEARS 55 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) July 5 11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri
17. INFORMANT (ADDRESS) Andy Stemberger Pleasant Green
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Green DATE Sept 26 1938
19. FUNERAL DIRECTOR (ADDRESS) Jays & Stecklein 2117 Grove Mo
20. FILED 1/21/38 H. B. Brasler Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1938
22. I HEREBY CERTIFY, That I attended deceased from May 13 1938 to Sept 24 1938
I last saw him alive on Sept 10 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 20/1/38
Other contributory causes of importance: 131
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. J. Lapsley M. D.
(Address) 261

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 10/5/38

STATEMENT BY LICENSED EMBALMER

I, Lepton Hays, Licensed Embalmer No. 3074
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lepton Hays
Licensed Embalmer No. 3074

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.)