

REC'D JUL 20 1939

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

22474  
Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 441  
(b) Township Edina Primary Registration District No. 4259  
(c) City Edina (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

382 Kathrine Stutsman  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert N. Stutsman

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 9 \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Lewis Egler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Minnie Sawalt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Laurerence Stutsman  
Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ludville Co. DATE June 29, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Luthege Und,  
Kahoka Mo.

20. FILED June 29, 1939 Mrs. C. M. Mint  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1938 to June 27, 1939  
I last saw her alive on June 27, 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset unk.

Other contributory causes of importance:

Cholecystitis

Name of operation Cholecystostomy Date of 4-8-39  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury? \_\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_

(Signed) Graham Bray, M.D.  
395 (Address) Edina, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

52  
02

RECEIVED

District Health Officer No. 10

District File Number 7-34-1322

Date Filed JUL 19 1939

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.....

Tuesday June 21 1939, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2965

P. O. Address Lurray 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.