

BUREAU OF STATISTICS
SEP 12 1939

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Call 3
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution:
211 Ash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Call
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Ash St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lydia Livonia Kelly Stemberger

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race _____ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Pete Stemberger 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 12 1891
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mattison Kelly

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

14. Maiden name Sarah Margaret Mattison

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

16. (a) Informant's own signature Norma Stemberger

(b) Address 217 Bolivar St Jc Mo.

17. (a) Burial (b) Date thereof Aug 27 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Russellville, Mo.

18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo.

19. (a) Sept 1 39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 23
1939, to August 26 1939
that I last saw her alive on August 26 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to 82 W

Other condition Arteriosclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. G. Bruce (M. D. or other) MD
Address Jefferson City Mo Date signed Aug 27 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

PHYSICIAN
Underline the cause to which death should be charged statistically

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. 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.