

NOV 12 1940
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 1/4 hours
(Specify whether
In this community same
years, months or days)

3. (a) PRINT FULL NAME Martha Stiegemeyer

8. (b) If veteran, Martha Stiegemeyer Social Security name war No No. No

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

6. (b) Name of husband or wife Now Stiegemeyer 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 29, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Homework

11. Industry or business

MOTHER FATHER { 12. Name Henry Stiegemeyer

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Now Stiegemeyer

(b) Address Concordia Mo.

17. (a) Removal (b) Date thereof Oct. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo.

18. (a) Signature of funeral director H. F. Driessing

(b) Address Concordia Mo.

19. (a) 10-11-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day eleventh
year 1940 hour 12 40 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12 45 noon
October 10, 1940 to 12 40 am Oct 11, 1940
that I last saw her alive on October 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock Duration _____

Due to Operation to relieve
Obstruction of Large Intestine

Due to Carcinoma of Large Intestine

Other conditions 46
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Colonic Obstruction
Widespread Carcinoma
Of autopsy None Performed
Underline the cause to which death should be charged statistically

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 By Ref. J. J. ...

23. Signature Dr. B. Nalerg, M.D. (M. D. or other) M.D.
Address Professional Bldg. KC. Mo. Date signed 10-11-40

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.