

FILED JUN 19 1942

Registration District No. 660

Primary Registration District No. 5878

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Salem
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 61 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Steffens

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Marthy Steffens

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 10 8 _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Claus Steffens

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

14. Maiden name Dont Know

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

16. (a) Informant Theodore Steffens

(b) Address Farrar Mo.

17. (a) Burial (b) Date thereof May 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young Sons

(b) Address Perryville Mo

19. (a) 5-11-42 (b) O. J. Kremer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 30th
1942 to May 9, 1942
that I last saw him alive on May 8th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonias

Duration 10d.

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) Manner of injury _____

23. Signature Theodore Fisher (M. D. or other) M.D.
Address Altamburg, Mo Date signed 7/1/42

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

79
0
0

8780

POSTAL SERVICE
05

RECEIVED

District Health Officer No. 4
District File Number 642-879
Date Filed 6-18-42

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville, 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, fact should be so stated above.