

S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35038

State File No. _____

MO NOV 19 1942
Registration District No. 351

Primary Registration District No. 6189

Registrar's No. 8

106
0
0

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

1. PLACE OF DEATH:

(a) County TANEY

(b) City or town "RURAL" - SWAN TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State MO. (b) County TANEY

(c) City or town "Rural" - SWAN TWP.
(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 EDNA KAY STEGALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1942 hour 6: minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw her alive on Oct. 6, _____ 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE / Color or race W

5. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased OCT. 6 1942
(Month) (Day) (Year)

Immediate cause of death Premature Birth (8mo)

Due to Overexertion on part of Mother

Due to _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

9. Birthplace TANEY CO. MO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name F. J. STEGALL

13. Birthplace CHICAGO, ILL. 1
(City, town, or county) (State or foreign country)

14. Maiden name EDNA E. ROSSNER

15. Birthplace CHICKOPEE, ILL. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELSIE BROWN

(b) Address FORSYTH, MO.

17. (a) BURIAL (b) Date thereof OCT. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. LONE STAR CEM.

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? _____

18. (a) Signature of funeral director _____

(b) Address NONE

19. (a) OCT. 7 1942 (b) Jeanette Davis
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. M. Shredgill M.D. (M. D. or other) _____

Address Forsyth, MO. Date signed OCT. 4

1297 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1142-1511

Date Filed NOV 2 1942

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, fact should be so stated above.