No. 2
1-10-39
1-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15048

FILED MAY 1 1943

Registration District No. 238 Primary Registration District No. 439-5882 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: — Jackson Twp
(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:

(a) State Mo. (b) County Osage

(c) City or town Folk, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME ANTON STEGEMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife —

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

7. Birth date of deceased DEC (Month) 12 (Day) 1903 (Year)

8. AGE: Years 39 Months 4 Days 9 If less than one day — hr. — min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Ben J. Stegeman
13. Birthplace Westphalia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Josephine Scheppers
15. Birthplace Westphalia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Wm Stegeman
(b) Address Folk, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Folk, Mo.

18. (a) Signature of funeral director H. H. Strop
(b) Address Meta Mo.

19. (a) 4-22-43 (Date received local registrar) (b) Rose Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour 7 PM minute ____ M.

21. I hereby certify that I attended the deceased from April 10, 1943, to April 21, 1943 that I last saw him alive on in April 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemoptisis	
Due to Tuberculosis	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 13	
Major findings: Of operations —	
Of autopsy No.	

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

23. Signature Ben G. Isenberg (M. D. or other)
Address Meta, Mo. Date signed 4/21/43

574

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

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 H H Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. M-C

Registration District No. 258 Primary Registration District No. 5882 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution:
(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:

(a) State (b) County

(c) City or town
(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 Anton Stegeman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased De (Month) 12 (Day) 190 (Year)

8. AGE: Years 39 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-15048