5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42851

FILED JAN 14 1944

Registration District No. 18 Primary Registration District No. 5692 Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Meadville Parsoncreek Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: X (Specify whether years, months or days)

In this community: All life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

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

(d) Street No.: Route
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): Yes

If yes, name country:

3. (a) PRINT FULL NAME: Margaret Eloise Stelphugh

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: April (Month) 17 (Day) 1929 (Year)

8. AGE: Years 14 Months 8 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation: School girl

11. Industry or business:

FATHER
12. Name: Henry Arthur Stelphugh
13. Birthplace: Meadville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Newsome
15. Birthplace: Meadville (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Margaret Leavell
(b) Address: Meadville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 24 '43 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadville cemetery

18. (a) Signature of funeral director: Smiley Funeral Home
(b) Address: Wheeling Mo.

19. (a) Dec. 24 1943 (Date received local registrar) (b) Mrs. Vera Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from December 21, 1943, to December 22, 1943; that I last saw her alive on December 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza
Cerebral Embolism
Respiratory paralysis

Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 33a

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: S. H. Hanson (M. D. or other) DO

Address: Meadville Mo. Date signed: 12-24-43

434 (Licensed Embalmer's Statement on Reverse Side)

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 Self, Registered Apprentice No. , working under my personal supervision.

Signed Frank L Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.

S. No. 2B
M—5-43
P I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 185 Primary Registration District No. 5692 Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Rural, Parson Creek Twp.
(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 years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn
(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: Margaret E Stelphugh
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
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 (Month) (Day) (Year)
8. AGE: Years 14 Months 8 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) Mo
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 Dec day 23 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-42851